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£1,500 lump sum + 3.3p per script for NI contractors

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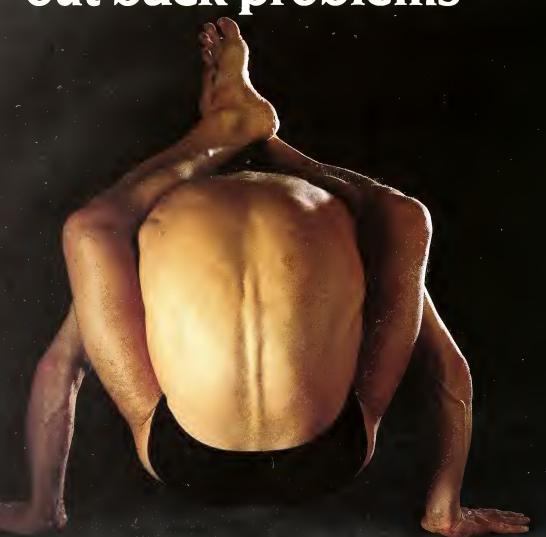
Boots lean on chemists for 21pc interim profit

Nutrition: first line for PMT?

C&D seminar on babyfoods

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harmacy contractors throughout the UK are likely to be paid less in gross terms in 1990-91 than they are this year. It has been quietly acknowledged in informed circles for some time that this may be the case. PCC secretary Mr T. O'Rourke goes on record this week to say as much. Last year when the demise of the cost-plus contract was on the cards PSNC officials were warning that 1990-91 would be the crunch year when contractors could start to feel the pinch of any Government moves to cash limit remuneration.

Income this year has been considerably boosted by lump sum payments, made to contractors to wrap up the cost-plus method of remuneration. These sums are over and above the amount of money negotiated by PSNC et al for the so-called core services (see table 1 p904). Realistically, any increase in remuneration next year is likely to be index linked and based on the core services figure. Thus contractors in England and Wales will need an increase of 13 per cent on this year's payment of £498m to reach the gross amount that should be paid out this year of £562m. That could take some pretty hard work to prise

from a Department intent on driving down costs. Seen in this light PSNC's "7.2 per cent" claim, based on this year's gross payment, appears optimistic.

Where all three pharmacy negotiating bodies are united is in the insistence that there should be a year end review to correct the forecasts used to calculate this year's fees (a 3.8 per cent increase in script volume and a 9 per cent rise in net ingredient cost for England and Wales). The Department of Health in London has said it will take into account any rise in the forecast figures in establishing remuneration for 1990-91. This is a woolly statement at best, and combined with a suggestion in the early Summer that PSNC might like to look again at fee scales, does little to quiet contractors concerns that the Department is planning to turn the screw, especially against those pharmacies dispensing low numbers of scripts. A year end review is a reasonable suggestion. It could work either for or against contractors. It also makes it pointless for either side to try and pitch the forecast to their advantage, and allows a clear base line to be set against which to determine next year's estimates.

PSNC lodges 7.2 per cent claim for 1990-91

The Pharmaceutical Services Negotiating Committee has lodged a claim for \$602.71m with the Department of Health for the provision of "core services" in 1990-91. This amounts to an increase of \$40.547m (7.2 per cent) over the total amount paid to contractors this year.

The claim is based on the cost of providing core pharmaceutical services (table 1), plus a factor to take account of inflation in the coming financial year (table 2). Chairman David Sharpe says general expenses are estimated to increase by 9.9 per cent and prescription volume by 2 per cent. Separate claims are being lodged for oxygen, urgent fees, patient medication records, etc. These are outside the core services and are not being quantified at present.

PSNC is also presenting seven new initiatives for discussion. It is not necessarily intending these to be included in next year's

package.

■ Payments to attract and improve pharmacies in inner city and deprived areas.

■ The introduction of a domiciliary pharmacy service.

- The introduction of collection and delivery services in outlying areas.
- The introduction of a 24 hour service.
- The introduction of services in nursing homes.

Table 1: 1989-90 core service payments

Professional fees	364.063
Period of treatment fees	
Other fees	14.029
On-cost	107.618
ESPS	1.9
Total	£498.67°
Deferred fees — May 1	£24.5m
September 1	£39m
Total	£562.17m

- *A negotiated figure derived from estimates of prescription volume and net ingredient costs.
- + Note the increase applies to the total sum being paid to contractors during 1989-90, which includes the fees deferred from previous years. If the claim is compared to the amount negotiated for 1989-90 alone (£498.67m), without taking account of the back pay, it amounts to an increase of 20.9 per cent. If the Department offers an inflation-linked rise to this sum contractors will see an effective drop in their NHS income next year.
- Payments for training technicians and other staff.
- Payments for screening services, to agreed targets.

The PSNC negotiating team and Department officials meet for

their first plenary meeting in this pay round on December 4. Since the Treasury should by now have reached agreement with the Department of Health on its budget for next year, PSNC is expecting an offer to be tabled at the meeting.

However David Sharpe warns that final agreement may not be reached before the LPC conference on February 19, 1990. "It has been the practice in the past to present a negotiated 'package' for approval, but PSNC believes now that the timetable is less important than the outcome of negotiations. We do not wish to be pressured into accepting a package just so it can be reported to conference," he said.

He also reiterated that without a year-end review to correct any inaccuracies in the estimate of this year's prescription figures (used to calculate contractors' fees), PSNC would not accept any package from the Department whatsoever.

Table 2: Inflationary components

Tavie Z. Illitativilar	components
Labour	10 per cen
Rent	15 per cen
Rates	18 per cen
Others	7.5 per cen
Weighted average 9.	.9 per cent

*The 10 per cent rise in labour costs is higher than the national average but reflects the higher than average increases being paid to professional staff.

Sharpe hits out at discount speculation

PSNC chairman David Sharpe has hit out at "ill-founded speculation" on the outcome of last April's discount inquiry. The results are not yet available.

results are not yet available.

"What is clear is that there has been increased usage of parallel imports," he says. "Contractors have also been able to purchase generics at below the Drug Tariff price. It is likely these two factors will have an effect on the overall discount rate."

In the past costs such as warehousing and distribution have been set off against the discount received. PSNC hopes to add dead stock, money owing from pricing errors etc to the list, since they can no longer be included in the balance sheet, which no longer exists under the new system of payment.

"It is impossible for anyone to give precise figures as to what the discount scale will be," said Mr Sharpe. A number of suppliers have changed their terms since April, and Unichem have joined others in supplying PIs.

Pharmacists are being advised by the PSNC not to co-operate in a public expenditure exercise being conducted by consultants Grant Thornton on behalf of the Department of Health. Grant Thornton intend to question a number of pharmacies on their buying patterns and expenditure on pharmaceuticals. PSNC says most of this information is available from the discount inquiry.

■ Provided a sponsor can be found, PSNC is planning to publish a cholesterol testing training manual and to hold a series of

regional meetings.

Health Secretary Kenneth Clarke has told PSNC that although there will be no increase in the professional membership of the shortly-to-be-created Family Practitioner Service Authorities he is sympathetic to the idea of professional deputies.

The Department has told PSNC that it cannot consider its request that pharmacists attending PPSC hearings and appeals should receive expenses, in isolation. The Department is to consider this in the general context of FPC expenses.

■ The new Royal Pharmaceutical Society guidelines on supervision will require minor amendments to chemist's Terms of Service. PSNC has made an approach to the Department.



"You are asking me for more? From my inquiries into the activities of you and your friends, Twist, it's me that should be asking you for more..."

Currie for 'advice pay'

It "makes sense" to pay doctors and dentists for their advicegiving, as their new contracts will do, former junior Health Minister Edwina Currie said last week.

She said doctors had implied they would find it difficult to persuade the public that "testing the blood pressure and having a little chat" would be as acceptable as reaching for the prescription pad had been in the past. "I venture to suggest that we may all be surprised," she added.

There may well have been some overprescribing, she continued. But as the PACT information came into widespread use and GPs became aware of their costs, so prescribing seemed to have fallen.

Mrs Currie was speaking at the annual meeting of medical and research directors of the pharmaceutical industry, an industry which had proved it knew what to do for business better than any civil servant, she claimed.

"Why should Government departments, which frequently wouldn't know a customer when staring one in the face, do nearly so well in choosing and managing attractive projects as the pharmaceutical firms, who are in daily contact with those they serve?" she asked. Government officials might question, for example, the need for further research in a field where there were already excellent drugs, but 11 betablockers were developed before the introduction of the most preferred formula.

Nestlé recall

Nestlé are recalling several production batches of their Buildup and Slender powder drinks following a positive testing for salmonella in one of the sachets.

Although the company stresses that the possibility of a health hazard is remote, 'as a precaution' they are recalling all products bearing the 'best before' dates: August 1991, September 1991, October 1991 and November 1991.

All stockists have been asked to remove the products from their shelves and refund customers.

Nestlé representatives will be contacting retailers and wholesalers to arrange for the collection, credit and replacement of stock. Further information on Freefone 2212.



Babyfoods was the subject of the twelfth Chemist & Druggist training seminar, this time cosponsored by Cow & Gate. Marketing manager Richard Ambor (left) presented a paper on the market while nutritional services manager John Wells spoke on "special meals for special people" (see p923)

Pharmacists 'can aid nurse prescribing'

Pharmacists should help draw up lists of medicines nurses might be able to prescribe, Alan Nathan, community pharmacy teacher/practitioner at King's College London told a meeting of the University's health sciences division last week.

It is likely that there will be lists of medicines that nurses can prescribe in the near future, Mr Nathan said, "and I think there is scope in this field for pharmacy and nursing to work together in the development of such lists".

The health sciences division at King's College incorporates pharmacy, nursing, nutrition and gerontology and Mr Nathan was suggesting areas in which the four specialities could collaborate particularly in research projects which would need input from two or more of the specialities.

Mr Nathan went through some of the recommendations from the Nuffield report and highlighted some of the research opportunities they presented. For example, Nuffield recommended pharmacists co-operate with GPs to promote cost effective prescribing. Mr Nathan suggested there was an opportunity to research costeffective prescribing in the elderly which could involve collaboration between pharmacy, nursing and gerontology. The same three disciplines could work together to look at pharmaceutical services to residential homes. Similarly, pharmacists, nurses nutritionists could collaborate on research into training pharmacists for a domiciliary role in total parenteral nutrition.

Since the talk, Mr Nathan says arrangements have been made to discuss topics he suggested and to look at other research interests of the pharmacy department at King's which include metallopharmaceuticals (including a new iron compound which increases absorption while decreasing side effects) and novel methods of mimicking gastrointestinal absorption for the purpose of testing drugs.

BRIEFS

European Pharmacopoeia. A protocol which after ratification will see the replacement of national pharmacopoeias with the European Pharmacopoeia, has been signed by Belgium, Denmark, Finland, Greece, Ireland, Italy, Luxembourg, the Netherlands, Portugal, Spain, Sweden, Switzerland and the UK. Austria, Cyprus, France, Federal Republic of Germany, Iceland and Norway have yet to sign.

Incare Medical Products' fifth issue of Home and Dry is now available. The magazine, for incontinence sufferers, their carers and advisors, is available from: the subscriptions department, Incare Medical Products, 43 Castle Street, Reading, Berkshire RG1 7SN. Patients and professionals can contact the Incare confidential freephone helpline (0800 521377) for information and fact sheets on incontinence.

BCL's Reflotron on sale to all

The Reflotron is available for sale to all retail pharmacies, and there is no requirement for endorsement of the sale by a professionally qualified third party, say BCL.

They have issued the statement in a bid to clarify "certain misconceptions" which they say appear to have arisen over the company's sales policy to

pharmacists.

BCL say purchasers are required to observe specific conditions of sale which conform with the guidelines issued by the Royal Pharmaceutical Society. These provide the necessary professional safeguards for pharmacists and their customers, and are particularly important as pharmacists are professionally liable for their results.

These conditions apply equally when the Reflotron is purchased for use in a GP's surgery or occupational health centre, say BCL. Additional requirements are necessary only if the purchase is made by an organisation engaged in cholesterol screening as a specific commercial venture.

Changes to Drug Tariff?

The Pharmaceutical Services Negotiating Committee has submitted the following additions and alterations to the Drug Tariff part VIII, to the Department of Health:

1. That cimetidine tablets 200mg (120), 400mg (60), 800mg (30) and co-trimoxazole tablets 960mg (100) be accepted as category A additions, from February 1, subject to confirmation:

2. That isosorbide mononitrate tablets 20mg (250) be accepted as a category C addition based on Ismo 20, from February 1, subject to confirmation;

3. That mianserin hydrochloride tablets 10mg (100), 20mg (100), 30mg (100), and pyridoxine hydrochloride tablets 50mg (100) be accepted as category A, from

January 1, subject confirmation; 4. That chlorpromazine 50mg and 100mg tablets should be category C based on Largactil pack size 50 and:

5. That mefenamic acid capsules 250mg (500), and mefenamic acid tablets 500mg (100) should be category B based on Macarthy and Unichem respectively.

Warning on tryptophan

The Department of Health has advised the public to stop taking any dietary supplement containing tryptophan as a sole or major ingredient, which has not been prescribed by their doctor.

The advice follows recent reports from the USA of adverse reactions occurring in people who have consumed dietary supplements containing tryptophan. The data suggests that the reaction is caused by an unidentified contaminant and not tryptophan itself. No cases have been reported in the UK.

Multivitamin, multi-amino acid and similar supplements, where tryptophan may be a minor ingredient, are not implicated at this stage, says the Department.

Tryptophan is also contained in prescription medicines (Pacitron and Optimax) for treating depression. The Committee on Safety of Medicines is advising that patients prescribed these medicines should continue to take them, unless their doctor advises otherwise.

Health food stores have been advised to withdraw these products from retail sale. Local authorities are being asked to assist with the trade withdrawal.

Parkinson's delay?

The dopaminergic drug selegiline may delay the progression of Parkinson's disease says a North American study.

In an interim report on 800 patients entered into a double blind, randomised trial, those on selegiline 10mg daily alone or in combination with tocopherol (vitamin E) 2000IU daily reached a predetermined level of disability more slowly than people who took tocopherol alone or with placebo.

'The results translate into a delay in the development of disability of nearly one year and an extended capacity for fulltime employment,' says the Parkinson Study Group in the New England Journal of Medicine.

The researchers conclude that selegiline 10mg daily should be used in all untreated patients in the early stages of the disease.

The latest *Drug & Therapeutic Bulletin* says that selegiline produces modest improvement in Parkinsonian patients on levodopa experiencing end-of-dose dyskinesia. The latest study is not included in their review.

PCC agrees £1,500 payout for NI contractors

Pharmacy contractors in Northern Ireland will be getting a Christmas present from the Department of Health on December 15, when each one will receive a lump sum payment of £1,500 plus 3.3p for each script dispensed during 1988-89.

The payment comes after agreement between the Pharmaceutical Contractors Committee and the Department of Health on the completion of the balance sheet for 1988-89, the last year of the cost-plus system of payment.

Those who were in contract for only part of the year will be paid on a *pro-rata* basis.

Looking ahead to next year, the PCC has joined the other contractor bodies in declaring it will be seeking a year end review to ensure that contractors receive the sum negotiated. In Northern Ireland fees were based on the assumption that script figures will increase by 3 per cent this year, and ingredient costs by 8 per cent.

And PCC secretary Mr T. O'Rourke has said publically what many have been saying in private for some time, that proprietor pharmacists will be taking a cut in income next year. He thinks the Department will offer 6.5 to 7 per cent on the sum budgeted for core services last year. This does not include the large lump sum backpayments which contractors have seen nationally.

As a preliminary move to making payments to contractors for keeping patient medication records and visiting residential homes, the Department is to present a discussion paper to PCC representatives in January, with a view to introducing a scheme from April 1, 1990.

CPP look at exam excuses

The College of Pharmacy Practice's Exemption Panel is now considering applications for partial exemption from the new College Membership Examination.

Exemptions can be obtained for degrees and equivalents, diplomas, published books and papers and for having completed parts of the current College examination system. Each of the five assessments that make up the new College exam is worth four points, and the above qualifications are worth four to six points each off various parts of it.

Exemption regulations and application forms are obtainable from Alison Oliver at the College of Pharmacy Practice, 111 Lambeth Road, London SE1 7JL. Nominations are invited for the Schering Award 1990, for an outstanding contribution to practice in any area of pharmacy. Nominations accompanied by a letter of support of around 1,000 words should be submitted to the administrator by December 29.

PSNI COUNCIL

PSNI postpones pre-reg test

The pre-registration assessment scheduled for introduction in June next year has been postponed until the necessary legislative changes are in place.

The Council of the Pharmaceutical Society of Northern Ireland heard at its November meeting that it had become apparent that the necessary changes to the Regulations could not be made in time for Summer 1990.

Dr Terry Maguire, presenting the report of the Education Committee, said it was not possible to give a firm date for the commencement of the assessment, but it was Council's wish to proceed at the earliest possible date.

The Ethical and Law Committee had briefly discussed the proposed new publicity guidance of the Royal Pharmaceutical Society of Great Britain. This will be discussed in greater detail at a later date.

Mr Clarke congratulated Dr Maguire and Mr I.J. Boal for the way they had conducted the recent PQET course "Cholesterol screening in the pharmacy".

The Council agreed to object to the planning application which had been made to change the use of 75 University Street, Belfast.

The application of Paul Mulgrew, 43 Heath Street, Newcastle-under-Lyme, Staffs, for reciprocal registration under the agreement between the Northern Ireland and Great Britain Societies was approved, subject to completion of the usual formalities.

Change of ownership

The secretary and registrar of the Pharmaceutical Society of Northern Ireland, Mr Derek Lawson, says that on several occasions recently he has become aware of changes of ownership of premises by accident. He has issued the following reminder to members of their legal obligations. A: Lapsing of registration:

Section 76 (3) of The Medicines Act 1968 provides that the registration becomes void at the end of 28 days from the day on which a change of ownership occurs.

B: Change of ownership on death

When a change of ownership occurs on the death of the pharmacist owner, or, in a partnership, on the death of one of the partners, the lapsing period is three months from the date of death.

C: Re-registration

Once the registration lapses re-registration can only take place following payment of the penalty fee of £140

D: Alterations to premises

If any alterations are made to the premises since the original registration, ie extensions or enlarging of the premises to adjoining property, the registrar must be notified and plans of the alterations submitted for approval. In the absence of such notification, National Pharmaceutical Association insurance cover only extends to the areas registered on the original plans submitted at the time of the premises registration.

E: Limited companies superintendents:

If the business is being carried on as a limited company any changes of superintendent must be immediately advised to the registrar. The superintendent should be a member of the Board of the body corporate.

All forms connected with pharmacy premises registration can be obtained from the Society's office. Whichever way you look at it, Sanatogen is now offering you more.

Already we're the multivitamin brand leader, outselling the nearest brand 5:1*.

Now we're moving into a new market with four exciting products: Evening Primrose Oil; One-a-Day Garlic Perles; Korean Ginseng and Royal Jelly.

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60 chewable 30mg vitar

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60 capsules of 250mg Evening Primrose Oil and Borage Oil. A nutntional supplement of GLA.

Northern Ireland Notebook

Boots backing out?

The best piece of news I have had all year is that Boots have decided to disband their "residential homes team" and cease making approaches to both local authority and private residential care homes in Northern Ireland. The two pharmacists co-ordinating the project will now return to ordinary duties, it is understood.

Interestingly, it was not the censure which Boots received from the Royal Pharmaceutical Society which seems to have persuaded them to throw in the towel, but rather the lack of progress they were making. They visited the chief administrative pharmaceutical officers (CAPO) of the Western, Eastern and Northern Boards. They proposed that Boots would supply all the homes regulated by the Boards, and offered the Manrex controlled dosage system.

Although monies have not yet been agreed for this extra service, Boots' argument is that payment will follow the format agreed in England. If that is the case then the 11 Boots pharmacies in the Province will only be paid to service five homes each, making a total of 55 professional payments. If we suppose that there are 110 local authority homes in Northern Ireland, Boots could suggest that by allowing them to service all homes there would be a saving for the Boards of 55 payments.

'We need to justify the praise home staff and CAPOs have for us'

As I understand it they got little satisfaction from either the Southern or Western CAPOs, and although they were listened to by the Northern CAPO, he decided that he was happy with the present service and was satisfied that the pharmacists who have been serving his homes for years without any payment were most capable of providing any extra service required.

Boots' approaches to private residential homes appears to have met with a similar response: "Thanks but no thanks — our pharmacist does a wonderful job".

Justice would appear to have gone the way of the independent contractor who has been providing for residential homes for years. We now need to justify the praise from home staff and the CAPOs and ensure we provide the service necessary. A good start would be to apply to the PQET for a free training package. From a Northern Ireland community pharmacist.

TOPICAL REFLECTIONS by Krayser

Market force

I did not find the views of the future of community pharmacy held by John Merrills, superintending pharmaceutical officer at the Department of Health (last week, p887), as black as some may have because mostly I disagree with him.

It is an historic, economic and professional fact of life that we do practise our profession in the market place, and it is this blend of commercialism

and concerned professionalism that makes pharmacy a unique caring profession. There are obviously varying standards of practice. Pharmacies that fail to achieve standards expected by the public will fail the ultimate test of financial viability — a fate not necessarily incurred by other professions. But if the new family practitioner service authorities wish to exercise a positive role in the supervision of standards, I am fully in favour and have an ever open door to their inspection.

However, I am not complacent for I believe, like Mr Merrills, that we must grasp the nettle of change. But I question whether survival necessitates as far a trip down the road of "community clinical pharmacy" as he envisages. There is much academic pressure to change our perceived function from a dispensing and medicines advisory role, to that of a High Street bare foot, medical technician. This 'person'' spends much of his time in a little room at the back, taking blood pressure readings, monitoring cholesterol levels, conducting urine tests, height, weight, etc, etc — most are functions which rightfully belong at the back of the doctor's surgery — and for which he is paid! Patient counselling is, however, a vital part of our role and I will continue to develop this function as a natural evolution, using a quiet part of the shop.

I am proud of my "amateur" status, and in a tangential, rather than confrontational approach to marketing, have survived and prospered in the market place. I enjoy my rather



schizophrenic way of practising pharmacy, and so do my patients.

Breathless!

The advances that the pharmaceutical industry achieves never cease to amaze me. For years we have had Ventolin Spandets, a useful formulation for those patients on continuous systemic salbutamol therapy. Eventually a new formulation with better

pharmacokinetic properties was developed and recently introduced. So far

so good!

The old formulation was available in one size, one strength, and cost £2.25 for 50 tablets. Approximate stock investment £5. The new formulation is available in one size, two strengths, but at a revised cost of £10 and £12 respectively per 28 tablets — not so good. Investment now £44, a nine fold increase, but just acceptable balanced against increased patient benefit.

Then along comes Volmax, same drug, same formulation, same price, same parent manufacturer! Stock investment now £88 and *no* increased benefit to the patient. Come off it, Glaxo!

Unsuitable

I was pleased to see the letter from Dr F.W. Vas Dias of Seven Seas Ltd, agreeing that one-a-day formulations of cod liver oil are unsuitable for the relief of 'joint pains and stiffness'', the licensed indication for pure cod liver oil. Why, though, if this is the case is it not clearly stated on the label? I spend too much of my time dissuading the elderly from buying this preparation, when only a small relabelling exercise would overcome all the problems. It cannot be in the long term interest of Seven Seas for patients to be unknowingly taking the wrong product, thereby becoming disillusioned, and breaking the recommendation which became the catalyst for the scientific rationale of Dr Vas Dias's letter.

ATTENTION ALL PHARMACISTS FINAL ORDERS FOR CHRISTMAS

Kent Cosmetics Ltd

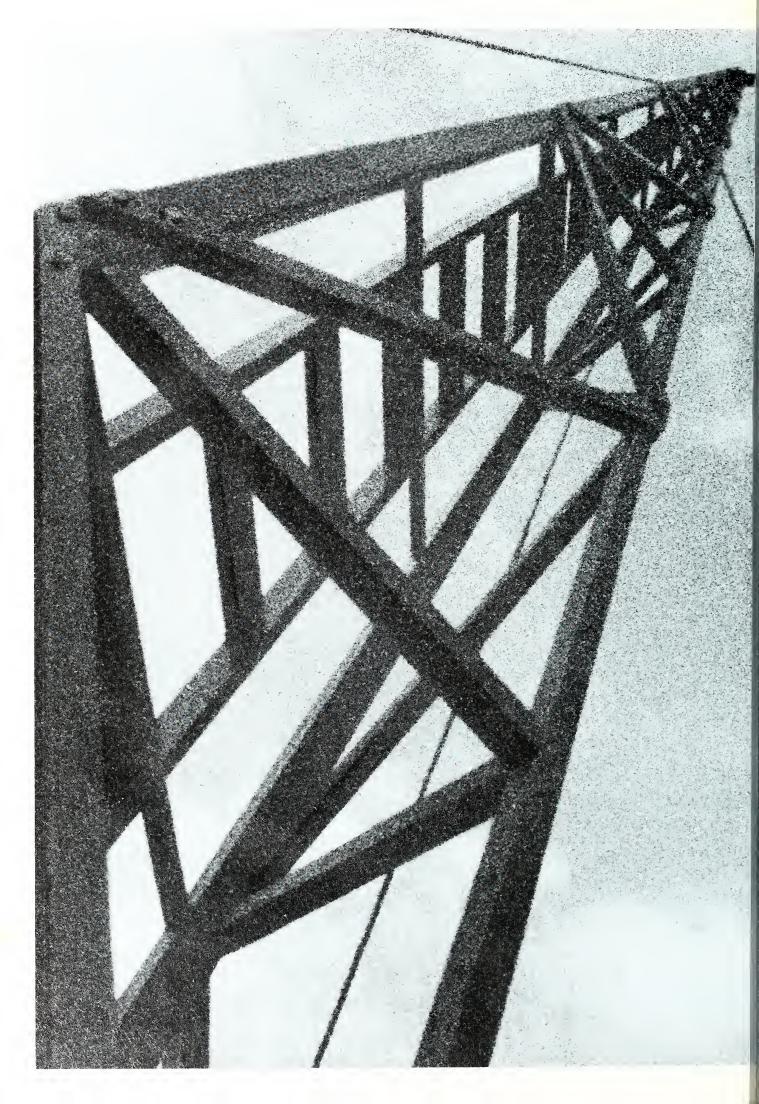
Following the successful re-launch of APPLE BLOSSOM we have received numerous enquiries from the trade concerning this product and also COURANT. Unfortunately, it will be impossible to call on every pharmacy before Xmas, but should you require stocks urgently, please complete the coupon below. Minimum carriage paid order £30.00, terms — cash with order, 24 hour despatch.

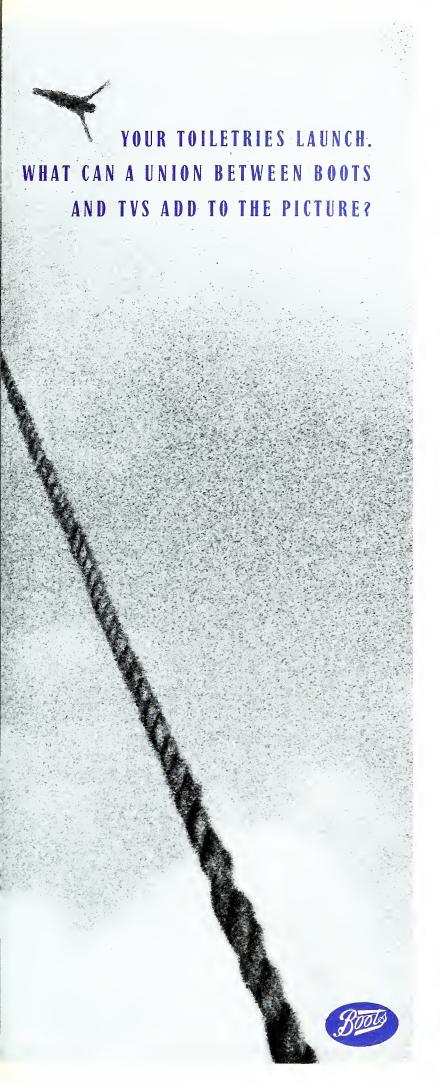
Code	Description	Min Pack	Retail incl. VAT	Trade Excl. VAT	Quantity in Units
	APPLE BLOSSOM	, , , , , , , , , , , , , , , , , , , ,			
101.10	Eau De Parfum Spray 30ml	12	4.95	2.75	
101.19	Eau De Parfum Spray 50ml	3	6.95	3.85	
105.35	Perfumed Talc 100g	3	4.50	2.50	
104.44	Shower Geleé 125ml	3	2.95	1.64	
103.44	Moisturising Body Lotion 125ml	3	3.95	2.20	
101.99 NT	Display Pack containing:— 9 × E.D.P. Spray 30ml 3 × E.D.P. Spray 50ml 3 × Talc 100g 3 × Shower Geleé 125ml 3 × Body Lotion 125ml Tester 30ml	1	99.60 (per me	55.32 rchandiser)	
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201.12	Eau De Parfum Natural Spray 35ml	6	6.95	3.85	
204.44	Shower Geleé 125ml	6	3.95	2.20	
203.44	Moisturising Body Lotion 125ml	6	4.95	2.75	
201.99	Display Pack <i>containing:</i> — 6×E.D.P. Spray 35ml 6×Shower Geleé 125ml 6×Body Lotion 125ml Tester 35ml	1	95.10 (per me	52.80 rchandiser)	
	CHRISTMAS GIFT SETS 1989				
	APPLE BLOSSOM				
108.15	Talc 100gm/30ml E.D.P. Spray	3	9.45	5.25	
108.14	Shower Gelleé 125ml/30ml E.D.P. Spray	3	7.90	4.39	
108.13	Body Lotion 125ml/30ml E.D.P. Spray	3	8.90	4.95	
	COURANT		,		
208.13	Body Lotion 125ml/35ml E.D.P. Natural Spray	3	9.95	5.54	
208.14	Shower Geleé 125ml/35ml E.D.P. Natural Spray	3	9.95	5.54	

PLEASE COMPLETE IN BLOCK CAPITALS

NAME	
ADDRESS	
SIGNATURE	
CHEQUE ENCLOSED FOR	
•	
PLEASE TICK IF THIS IS YOUR FIRST ORDER WITH KE	NT COSMETICS.

Kent House, Ashford Road, Harrietsham, Maidstone, Kent ME17 1BW Tel. No: Maidstone (0622) 859898 Fax No: (0622) 859132





The hair-raising picture on the left tells the story of more than one toiletries launch.

Now if you're in that A WET SPONGE. man's precarious position, take heart. You're about to hit the welcoming depths of a vast pool.

TVS and Boots have formed a union.

Our intention is to make test marketing more successful than ever before. That toiletries launch is no longer so risky.

(No trickier than falling off a log.)

TVS is the most attractive area for advertisers in the country. And in this prosperous region, Boots now has well over one hundred stores. A FIREBUCKET.

The right audience profile with the right distribution. Surely the right test market for your product?

Phone your regular TVS contact on 01-828 9898. Or speak to John Fox.

A 50FT SWIMMING POOL.

Unless, of course, you prefer to land in the wet sponge or the bucket.



GUNTERPOINTS

Sunny look for Ambre **Solaire range**

Garnier are taking their Ambre Solaire suncare range into 1990 with a stronger, more cosmetic image, featuring the new advanced protection system, new formulation milks and new higher protection products.

The advanced protection system, introduced in the Ambre Solaire creams this year, will be incorporated into the milks for 1990 in factors 3,5,7 and 12.

The formulation milks will be launched in a slimmer bottle giving a "more modern look" and emphasising the brand's skincare profile, says the company. The bottles are in PET and will also be used for the remainder of the range, excluding products packaged in tubes.

Pack graphics across the entire Ambre Solaire range have also been reworked to give a greater cosmetic and skincare image" to the range.

New to the range is the maximum protection cream (SPF 25) which is said to be a "more cosmetic formulation" than the existing invisible sun block which

is to be discontinued.

The cream (100ml £6.59) is said to contain infra red screening agents to protect the skin against the infra red elements of the sun's

A wrinkle defence tanning cream in factor 8 (75ml £5.65) has been introduced into the range following consumer demand for an intermediate factor in this range it will complement the existing factors 4 and 12. Garnier. Tel: 01-

Modern Health Products say that with the exception of Arocin their range of herbal products — Garlodex, Sunerven, Vegetex and Athera — have all had their licenses renewed. Arocin is still under consideration.

For next year the company is planning a range of in-store promotions and consumer magazine competitions to support its herbal range. Modern Health Products Ltd. Tel: 01-397 4361.



Piz Buin moves forward to 1990

Ciba consumer have launched two new products in the Piz Buin range for 1990 — Jet Bronzer and SPF 24 sun block stick.

The jet bronzer is an improved version of the company's current self-tanning product and is said to give a golden tan in two hours without the sun.

It comes in a 200ml bottle (£6.75) and has been dermatologically tested for skin compatibility, says the company.

SPF24 sun block stick contains micro pigments "for effective sun protection". It is said to protect vulnerable parts of the body such

(£3.99) stick is also tinted to hide red skin.

The products will be supported, along with the rest of the range, in a £500,000 colour advertising campaign in the national Press from May to September next year, including The Times, Telegr Independent and Guardian. Telegraph,

There will also be a campaign in the women's Press set to begin in June. POS material will be available, including consumer leaflets. Ciba Consumer Pharmaceuticals. Tel: 0403 50101.

Male range from Roc

Roc are entering the male skincare market with a range that includes four shaving products and a wrinkle treatment with liposomes.

The seven products in the range will be launched exclusively in Boots, mid-February and from selected pharmacies from mid 1990. Hypo-allergenic, perfume and alcohol-free, products for shaving are: a soap-free shaving foam (150ml £5.59) with a base of non-ionic firming ingredients as well as emollients moisturisers; soap-free brushless shaving cream (100ml £4.95) containing glycerol and a protective polymer; soap-free shaving cream (100ml £4.95) producing a creamy lather and soothing and protective shaving foam (150ml £5.95), an emulsion based on a very mild soap.

Alcohol-free soothing after shave gel (50ml £6.95) protective moisturising cream (50ml £8.45) and wrinkle treatment with lipsomoes (30ml £11.45) make up the skin care line.

The after shave gel contains a natural pectin-based colloid to keep skin supple and soft and is enriched with vitamins B5 and E and the moisturising cream is a light oil-in-water emulsion with a pH matching that of skin.

Packaging for Roc pour homme utilises a dark turquoise background with red and white graphics. Roc Laboratories UK Ľtd. Tel: 01-823 9223.

Four more from **Creightons**

Creightons have added four new products to their Sun Veil sun care range which are said to be based on "the purest natural ingredients with the additions of accepted sunscreens"

From January, the range will include aloe vera and oak bark sun tan lotion (SPF 4 to 6); aloe vera suntan lotion (SPF 8 to 10); mint lip balm (SPF 15) and total sun block.

Aloe vera and oak bark lotion is said to be easily absorbed into the skin with both moisturising and protecting agents (200ml £4.45). Ingredients include avocado, apricot oil, vitamin E, oak bark extract and aloe vera gel. It is UVA and UVB filtered using octyl dimethyl PABA benzophenone 3.

Aloe vera sun tan lotion has a higher concentration of aloe vera gel, say Creightons, and comes in

a 200ml pack (£5).

The mint lip balm (10ml £1.95) a neutral-coloured mint flavoured gel balm with vitamin E and sweet almond oil.

The total sun block (25ml £2.95) contains aloe vera gel and sesame oil as well as micronised titanium dioxide. Creightons Naturally Plc. Tel: 0903 745611.

Four free in **Empathy unit**

Johnson & Johnson are promoting their Empathy range with a skincare unit trade offer.

Customers ordering the unit which contains one Empathy moisturising lotion, four cleansing lotions and three moisturising products (£18.43) will receive the four hand and body lotion products in the pack free.

Customers ordering the unit will automatically be entered for a prize draw with a Concorde trip as first prize. Johnson & Johnson Ltd. Tel: 0628 822222.



VANTAGE VANTAGE

HEY couldn't have been more obvious really. Inside his Vantage pharmacy there are hanging signs, window vinyls and display hexagonals, eye-catching shelf display material and outside there's a bright new fascia, all attractively designed in the modern Vantage style. By enhancing his image it helped to increase his profitability so now he can afford to reflect on his good fortune in some very exotic locations indeed.

He's certainly got a lot to reflect on, too. Vantage pharmacists can bask in a whole variety of benefits. An extensive range of Vantage own label products and a powerful £1 million advertising campaign in popular women's magazines.

Monthly offers on top-selling

orc products, professional

staff training courses, management information and the
informative Vantage News,

backed up with regular visits from
a local Vantage representative.

So why don't you become a Vantage pharmacist? It gives you the back up of a large caring organisation — yet you keep your independence.



YES, I would it	like to become a Vantage pliarmacis
· · · · · · · · · · · · · · · · · · ·	er to spend my holidays doing the garden
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Post Coupon to:- VANTAGE DEPARTMENT, AAH PHARMACEUTICALS LTD., WEST LANE. RUNCORN, CHESHIRE WA7 2PE





Reduced risk of drug abuse and associated problems

Bio-equivalent to soft gelatin capsules

Greater dosage flexibility: tablets can be divided

The soft-gelotin copsules will continue to be avoilable to patients for wham this dosage form is considered appropriate. Wyeth will be introducing obuse resistant copsules in due caurse.

DISPENSE WYETH TEMAZEPAM TABLETS

Prescribing Information
Presentation: White, scored tablets containing 10mg and 20mg temozepom.
Indications: Short term treatment of insomnia (up to 4 weeks). Long term use may lead to dependence and withdrawal symptoms in certain potents. Desages: 10.30mg half on hour before retiring. May be increased to 40.60mg in unersponsive potents. Elderly potients may require lower doses, possibly up to half the normal adult dose. Not recommended for children. Treatment should be intermittent if possible and topered off gradually. Contra-indications: Not to be used to treat short-term mild anniety, depression, phobic or obsessional states, chronic psychosis. Sensitivity to betarodiazepines, ocute pulmonary insufficiency. Use during pregnancy and lactation only if compelling reasons. Proceutions: Use with alcohol or CNS depressionts may potentiate effects. Patients should be warmed against driving ar operating mochinery until it is established that they do not become drawsy. Care should be token in patients with personality disorders. May inhibit psychological adjustment to loss or bereovement. Coution in potents with chronic pulmonary insufficiency, renol or hepatic disease. Side-affects: Downierss, sedotion, blurring of vision, unsteadiness and otaxio. Rorely gastro-intestinal disturbances, headache, skin rashes, urinary retention, blood dyscrasios and guardine. Legal cartegory: POM. CD (Sch.4). Packs and Basis NRIS Casts 10mg x 500 — £12.06, 20mg x 250 — £10.52. Product License Mumbers: 10mg — £10.530/0255.

20mg — £10.530/0256. Further informations is valiable on request.

20mg — PL 0538/0256. Further information is ovailable on request. Wyeth Laboratories, Taplow, Maidenhead, Berks. SL6 OPH. *trade marks





Thomas chuffs Wisdom

Wisdom have launched Thomas the Tank Engine toothpaste, intended for children.

The toothpaste comes in 100ml pump-action containers with a recommended retail price of £1.19 each, supplied to the trade in outers of a dozen.

The paste is a mild-mint flavour and contains fluoride.

The launch follows on from the introduction of Thomas the Tank Engine and friends character toothbrushes which are selling extremely well, say Wisdom.

The pump packs feature the steam engine in colour and carry a message suggesting parents supervise toothbrushing. *Addis Ltd. Tel: 0992 584221*.

Philips £2m shaver boost

Philips are supporting their top-ofthe-range razor Philishave HS950 with a £2m advertising budget. The "perfect performer 20" commercial can be seen on ITV, Channel 4 and TV-am until Christmas. Philips claim this will be seen by 85 per cent of adults with "nine opportunities to see".

Additionally a new promotion in conjunction with the Football League will provide television spectators with programmes detailing 20 games to be featured on ITV's "The Match" during the 1989-90 season.

Subscribers will also get the chance to enter the "Goal of the week" competition with prizes which include five pairs of tickets to watch England play in the World Cup in Italy, next year. *Philips Home Appliances*. *Tel: 01-689 2166*.

AAH Pharmaceuticals' December top offers promotion includes: Pennywise sanitary protection, Signal toothpaste, Durex Extra Safe condoms, Sweetex, sweeteners and Oil of Ulay, as well as Vaseline petrolium jelly, Robinsons infant meals and Kleenex for Men. AAH Pharmaceuticals Ltd. Tel: 0928 717070.

Max Factor take on Charlie range

Max Factor are to take on responsibility for the Charlie fragrance and Charlie colour cosmetics brand, as from January.

The announcement is described as part of the Revlon group's rationalisation programme for its brand portfolio.

Charlie is currently handled by Revlon's toiletnes division and the transfer to Max Factor is a natural progression as it falls into the midmarket area that is a speciality of Max Factor, say Revlon.

The group has recently acquired the Boss fragrance and this will also become part of Revlon's sales and marketing team's portfolio from January 1, 1990. Revlon International Corporation. Tel: 01-568 4466.

Scott spend

Scott are mounting a £2m television drive to back their relaunched Fiesta brand.

The 30-second commercial will run nationally from December until March, say *Scott Ltd. Tel:* 0342 327191.

Three Spring faces of Dior

Three new looks have been created by Christian Dior to promote next Spring's collection called Aventure.

The romantic look is characterised by pales. White, ecru, ivory and vanilla. A sophisticated look is created with deep, intense navy, sepia, violet, burgundy and bronze, and the exoticism of Spring is seen in purples, raspberry saffron and chilli—colours reminiscent of the Far East, says the company.

Eye colours come in two eye palettes (£21) one containing lavender, tile red, violet, pearl grey and light and the other in rose pale, lilac, rose intense, subdued purple and mandarine.

Two eyeshadow duos (£12.50 each) include curacao and raspberry or amber and tortoise shell. Lipsticks (£7.95) come in coral pink, blue pink, golden brown and lively red with gold lights. Parfums Christian Dior (UK) Ltd. Tel: 0273 515021.

Soap story from Pears

Elida Gibbs are celebrating the 200th anniversary of A&F Pears this month, with new-look shampoo and soap ranges.

Pears have redesigned both 150ml and 300ml normal and moisturising shampoo variants and have used the Pears logo to bring the design of the soap and shampoo ''closer in alignment''. The bicentenary soap cartons also feature the ''Bubbles'' portrait by Millais. Elida Gibbs Ltd. Tel: 01-486 1200.

Puressa's soap is on show

De Witt International are advertising the Puressa natural cleansing bar in a women's Press campaign, running from now until February.

The campaign comprises a series of quarter page advertisements in magazines such as Here's Health, 19, Mizz, Just 17, She, Looks and Cosmopolitan. De Witt International Ltd. Tel: 01-441 9310.

Snap prices

llanimex are to launch two compact cameras in early 1990 to sell at around £20 and £26.

The 35C1S is a fixed focus, manual film advance compact, the 35C2S has a motorised film advance. Both cameras have 33mm f8 three-element plastic lens, fixed focus and exposure. They have automatic sensor flash, with low-light warning, a sliding lens cover, shutter lock and power off switch.

The C1S will be available in a photo kit which includes two batteries, camera case and a Fuji 12 exposure film at around £25.

The Hanimex K-series and "My 35" 35HL compact camera kit, priced at under £20, will be backed by full page colour adverts in the Sunday supplements of the Mail, Mirror and People, running through into December. Hanimex (UK) Ltd. Tel: 0793 526211.

Beecham Health Care are supporting their recently relaunched vitamins range with a £350,000 advertising campaign. The campaign runs from now through to the January issues of magazines including Women's Own, Woman's Realm, Family Circle and Good Housekeeping. Beecham Health Care. Tel: 01-560 5151.

More shocks from Wella

highlighting kit into their Shockwaves range.

Hair Lights (£3.75) is described as a reliable first step into highlighting that is simple to mix and quick to apply.

Promotional activity includes advertising support in teenage publications such as Mizz, Smash Hits, Looks and Just 17 in the first guarter of 1990. Wella. Tel: 0256 20202.

Sparkling!

increasing their advertising spend on Optrex Eye Dew to £200,000 this winter.

A new campaign will run until the end of December in the women's Press.

The single page colour advertisement features a shot of Ingrid Bergman with the strap "for eyes that sparkle like the stars". It also includes a shot of the recently re-designed Eye Dew packaging. Crookes Healthcare Ltd. Tel; 0602 507431.

Empathy use direct mail for hair and skin

Johnson & Johnson have launched a direct marketing campaign for Empathy, their hair and skincare range for the over 40 woman.

The campaign is targeted at both known customers via direct mail and potential customers via the despatch of product sample

The direct mail package gives the consumer an opportunity to

product and encourages purchase, says the company. The exercise will also be used to generate information for use in future promotional activity.

The mailing will comprise cover-mounted gifts, reader offers and sample packs with order. Johnson & Johnson Ltd. Tel: 0628 822222

A Wellcome change

Wellcome have reformulated the Tineafax range of athlete's foot treatments and introduced new packaging.

The active ingredient is now tolnaftate 1 per cent, instead of zinc undecenoate, which is well known for its efficacy, low irritancy and odour free qualities, say Wellcome.

The ointment now becomes Tineafax cream (25g £1.09) and has been moved to the General Sales List, instead of being a pharmacy only product. The legal category of the powder (50g £1.59) is unchanged.

Packs have been redesigned to include a foot motif with a fliptop replacing screw caps. Special prepacked counter display units will be available along with consumer leaflets, from January 1990. Wellcome will also be running a competition for pharmacy assistants, next year. Wellcome Foundation Ltd. Tel: 0270 583151.

Reckitt & Colman have reduced the price of Gaviscon liquid as follows: 300ml now costs £2.69 and 500ml £4.48. Reckitt & Colman Products Ltd. Tel: 0482 26151.

MAKE SURE YOU TAKE ADVANTAGE OF THE COLOUR WE'VE BEEN PUTTING INTO PEOPLE'S LIVES.

Consumer awareness of the brand leading ginseng has never been higher. Red Kooga sales have doubled in the last 12 months, and more than trebled in the last 3 months.

And the reason?

A sustained, innovative a recent promotion in The Sun, which prompted over ½ million

RED KÔOGA RED KOC

people to send for free Red Kooga Ginseng trial packs.

Letters have been pouring in from excited consumers who have already felt the benefits that Red Kooga has to offer.

Make sure that you feel the campaign and, in particular, benefits too, by displaying Red Kooga prominently either on the shelf or as an attractive window display.

> To help you we've prepared a comprehensive, free P.O.S. package containing leaflets, shelfstrips and giant packs of Red Kooga Ginseng. Send for one today and get

the Red Kooga advantage.

••I recently took advantage of your offer in 'The Sun' newspaper...I feel so much better, and my confidence seems to have improved. Mr G., Manager, Bristol.

••Red Kooga makes me feel stronger inside and able to cope better. Mrs P., Home Help, West Yorkshire.

66 I definitely feel much brighter and less tired. Mr B., Chef, Birmingham.

⁶⁶I can honestly say it has transformed my life. Mrs C., Housewife, London. flt has definitely contributed to leaving me feeling less drained and stressed. Mrs A., Teacher, London.

I am truly a new person, mentally and physically. Mrs A., Housewife, Manchester.





Park Road, Overseal, Burton-on-Trent, Staffs DE12 6JT, Tel: 0283 221616.

Mawdsley's share your commitment to independence. We try harder to help you maintain your competitive edge at all times. This applies whether it is OTC or your dispensary business.

EXCELLENT MARGINS

Here are just a few typical Mawdsley's low prices from our P.L.O.F. Book, and you don't have to pay until the end of the following month. Just compare these against your existing supplier.

Pampers Ultra Maxi 4's × 44	£23.39
●Cow & Gate Junior Foods × 12	£2.96
Durex Nuform 3's × 48	£14.92
E45 Cream 50g × 12	£8.44
Duracell Batteries MN1500 4's × 20	£27.24
Sterile Dressing Packs × 12	£3.97

EXCELLENT RANGE

We have over 3,500 quality branded retail products in stock at all times so you can be sure we'll be able to supply whatever your requirements.

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Our distribution and administration is consistently efficient. Delivery within 24/48 hours (minimum 10 case order) means low stocks with fast, accurate, frequent re-stock as you require.

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MAWDSLEYS

WHOLESALE CHEMISTS

TOTAL SUPPORT FOR THE INDEPENDENT CHEMIST Mawdsley Brooks and Company Limited. Manchester, Tel: 061 833 9741. West Bromwich. Tel: 021 525 1213. Established 1821.

Mini-Futrex measures fat

The Mini-Futrex 1000 is a device for measuring body fat at home.

It is a direct descendent of the Futrex-5000, the professional model first seen on BBC's "Tomorrow's World" and used at many universities, hospitals, research laboratories and fitness centres. The technology, which involves infrared light measurements, has been used for years in instruments that measure the fat content of meat.

The manufacturers claim that body fat is a better indicator of increased medical risk than body weight. The device is held against the bicep muscle of the dominant arm and, on pressing a button, a digital display instantly shows the percentage body fat reading.

Each Mini-Futrex 1000 (£299) comes complete with case and battery, together with a fitness wheel to convert the body fat reading into implied health risk.

The UK distributors, Self-care Products Ltd, suggest that pharmacists could use the device to offer a "fat measuring service" or it could be of interest to slimming groups and sports clubs who could recoup the cost by charging for tests. Distributors Self-care Products Ltd. Tel: 0494 722741.

Numark's throat soothers

Numark have added four varieties to their pastilles range and repackaged lemon, glycerin and honey pastilles and blackcurrant and glycerin pastilles.

Pholcodine cough pastilles contain 0.12 per cent pholcodine and the dose is one or two pastilles every four hours. Children's cough pastilles contain honey, ascorbic acid 0.9 per cent, squill liquid and ipecacuanha extracts. The dose for children aged 3-5 years, is 8 pastilles, 6-8 years 10 pastilles and over 8 years, 12 pastilles, in 24 hours.

Antiseptic throat pastilles contain menthol 0.12 per cent, camphor 0.03 per cent, and benzoic acid 0.01 per cent and can be taken as often as required. Catarrh and cough pastilles contain menthol, abietis pine, sylvestris pine oil and creosote, and can be taken as often as required. All come in dozens (45g £0.68) with a POR of 31.6 per cent, say Numark Management Ltd. Tel: 0985 215555.

Numark have added a 200ml sized pholocodine linctus (£0.96) to the Nucross range. Numark Management. Tel: 0985 215555.

ON TV NEXT WEEK

GTV Grampian B Border C Central CTV Channel Islands LWT London Weekend C4 Channel 4 U Ulster G Granada A Anglia TSW South West TTV Thames Television TV-am Breakfast Television SK Sky STV Scotland (central) Y Yorkshire HTV Wales & West TVS South TT Tyne Tees

Tel	evision
Andrews Answer:	All areas except U,B,Y,A,CTV & TSW
Aquafresh:	All areas
Beecham Powders Capsules:	All areas except C4 & TV-am
Benylin:	All areas except LWT & TTV
Bisodol Extra:	TV-am
Contac 400:	TV-am
Day & Night:	A,TVS,LWT,TTV
Macleans toothpaste:	All areas
Mucron:	All areas except CTV & TV-am
Otrivine:	All areas except CTV & TV-am
Pearl Drops:	STV,C,A,C4,TV-am
Pearl Drops Smokers 1+1:	STV,C,A,C4,TV-am
Philishave HS950:	All areas
Resolve:	All areas except C4 & TV-am
Samsara:	STV,G,C,LWT,TT
Sanatogen:	All areas except CTV,C4 & TV-am
Sensodyne toothpaste:	All areas except CTV and TV-am
Solpadeine:	All areas

YOU DON'T KNOW CHARWELL PHARMACEUTICALS

You'll recognise our £2,000,000 brand Migraleve, its sister Migralift, and our latest acquisition Aludrox.

What may not be familiar is the new name behind them – Charwell Pharmaceuticals.

We're a rapidly growing British company who now distribute Aludrox. Our other brands, Migraleve and Migralift, come to you via Sanofi International Laboratories.

Admittedly all these names together can be a bit confusing, but Charwell Pharmaceuticals is the one to remember.

As Manufacturers of well-formulated, clinically-proven products, we're dedicated to bringing you lots of new, volume-selling, big brands soon.

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OR DO YOU?





CHARWELL PHARMACEUTICALS

A NAME YOU DON'T KNOW, BUT PRODUCTS YOU DO

Charwell House, Wilsom Road, Alton, Hampshire GU34 2TJ. Telephone (0420) 84801.

PISPECIALS

Two new growth hormone injections....

Eli Lilly and Serono Laboratories have both launched growth hormone derivatives this week.

Humatrope, from Lilly, is an injectable somatropin based on recombinant bacterial Escherichia coli and Serono's Saizen contains somatropin derived from mammalian cell lines, grown in tissue culture.

Serono claim that Saizen is the first recombinant growth hormone based on proteins produced from mammalian cells, and says it shows the authentic peptide sequence and three dimensional structure of the naturally occurring molecule.

Bacterially-derived growth hormones have been reported to elicit an antigenic response in over 40 per cent of children, and antibodies may create abnormal pharmacodynamic profiles, say

Serono. The clinical significance of this finding is unknown, they add.

. Data Sheet The Humatrope says that pharmacologically, somatropin behaves like endogenous growth hormone: after administration, cellular and organ growth, and linear skeletal growth all increase.

Dr Hislop, Lilly's medical advisor told C&D that antibody production to Humatrope has not been shown to inhibit the biological or physiological effects. He added that the finding of over 40 per cent antigenic responses seemed "much higher than our experience".

The bacterial method using E.coli was a "tried and trusted" method that had long been used to produce human insulin and no antibodies to E.coli protein had been detected, said Dr Hislop.

Supply restrictions POM Packs Vials 4iu (1.48mg) accompanied by vials containing 2ml of diluent (£30.50 trade) Precautions Store in a fridge Product licences 0006/0237; diluent /0254 **Issued** December 1989

...and Saizen

Manufacturer Laboratories (UK) Ltd, 99 Bridge Rd East, Welwyn Garden City, Herts, AL7 1BG

Description Single-use vials of somatropin (rmc) in a freezedried, sterile powder form containing rhGH 4iu with sodium phosphate, disodium hydrogen phosphate, sodium chloride and mannitol. Each vial is accompanied by an ampoule containing 1ml of sodium choride solution 0.9 per cent

Uses Treatment of short stature resulting from growth failure caused by decreased or absent secretion of endogenous growth hormone. Diagnosis should be confirmed by pituitary function investigation. Treatment should be initiated under the guidance of a physician experienced in diagnosis and management of GH deficiency

Dosage 0.6iu/kg body weight (12iu/m² body surface area) per week, increased to 0.8iu/kg (or 20iu/m²) if response is poor. Reconstitute with 0.5-1ml of solvent ampoule. Give by subcutaneous (sc) intramuscular (im) injection. The weekly dose can be divided into three single doses if given sc or im, or six or seven daily doses if given sc

Side effects Redness or itching at injection site particularly when sc route is used. Antibodies to growth hormone can form in some patients but the clinical significance is unknown. Rarely where short stature is due to deletion of the growth hormone gene complex, treatment may induce growth attenuating antibodies

Contraindications, warnings, etc Do not give to patients in whom epiphyseal fusion has occured or those who show recurrence or progression of an underlying intracranial lesion. Strict medical control is needed in patients with diabetes mellitus. Anti-diabetic therapy should be adjusted if required. Subcutaneous injection site should be rotated daily to avoid local tissue atrophy

Supply restrictions POM Packs vial of Saizen, 1ml solvent ampoule (£30.50 trade)

Precautions Store in a fridge Product licences Saizen 3400/0023, sodium chloride injection /0024

Issued December 1989

Controlled release theophylline

Delandale Laboratories are introducing on December 11 a controlled release formulation of theophylline - Biophylline tablets. It comes blister-packed in cartons of 56 tablets in two strengths: 350mg, £5.44 and 500mg, £7.44 (both prices trade).

The tablets are white, capsule shaped with a break mark on one side and embossed on the other side with "Bio 350" (350mg theophylline) or "Bio 500" (500mg theophylline).

The product is indicated for treatment of reversible obstructive airways disease.

Patients' dosages should be individually titrated. The usual maintenance dose for adults and children over 70kg is one 500mg tablet every 12 hours; for adults and children under 70kg and the elderly, one 350mg tablet every 12 hours although elderly patients may require lower, less frequent doses because of reduced theophylline clearance. The product is not recommended for children under 12 years old.

The tablets should preferably be taken after food and can be divided on the scoreline to provide doses of 175mg and 250mg, but they should not be crushed or chewed.

The product licence numbers for these Pharmacy only tablets are: 0357/0030 for the 350mg strength and 0357/0031 for the strength tablets. 500mg distributors Farillon Ltd. Tel: 04023 71136.

Humatrope

Manufacturer Eli Lilly & Co Ltd, Kingsclere Rd, Basingstoke, Hampshire, RG21 2XA

Description Vials containing 4iu (1.48mg) of somatropin as a sterile, white, lyophilised powder supplied in a combination package with an accompanying 2ml vial of sterile diluent containing 4mg phenol and 6mg m-cresol as preservatives. Reconstituted solutions have a pH of approximately 7.5

Uses Treatment of growth failure in children due to deficiency of endogenous growth hormone as verified by appropriate tests of

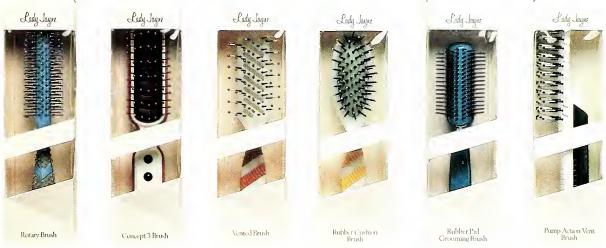
pituitary function

Dosage Humatrope can be given as a subcutaneous (sc) or intramuscular (im) injection. Injections can be given either daily or three times weekly up to a maximum of 0.07iu/kg (0.026mg/kg) per day or three 0.07iu/kg times weekly up to a maximum of 0.16 iu/kg (0.06 mg/kg) per dose. Reconstitute with accompanying diluent (see Data Sheet).

Side effects A very small number of patients have developed antibodies somatropin during clinical trials of Humatrope but there is no evidence of growth attentuation with these antibodies. Long-term implications of antibody development are uncertain. Patients who fail to respond to therapy should be tested for antibodies to human growth hormone. Hypothyroidism, oedema and injection site reactions including pain may also

Contraindications, warnings etc Use only in patients in whom epiphyseal fusion has occurred. Do not use if there is any evidence of activity of a tumour, or in known hypersensitivity to m-cresol or phenol. Patients with growth hormone deficiency secondary to an intracranial lesion should be examined frequently progression or recurrence of the underlying disease process. As with other growth hormone preparations Humatrope should be used with care in diabetic children or those on excessive glucocorticoid therapy





Boxed for safety and added hygiene, this pre-loaded unit comes complete with a comprehensive selection of 3 dozen brushes (24 on display with 12 back-up stock). For full details contact your local wholesaler, or for a full stockist list contact Lady Jayne.

Laughton & Sons Ltd., Warstock Rd., Birmingham B14 4RT.





PRODUCT RECALL

Build-up

Slender.

A factory production fault may have affected some batches of Build-up and Slender powder drinks.

The possibility of a health hazard is remote, but the interests of consumers are paramount. As a precaution we are recalling these batches.

The products involved can be identified by these 'best before' dates embossed on the top of the box:

August 1991, September 1991, October 1991, November 1991

All stockists are asked to remove the products from sale and to refund customers for the relevant goods.

Our representatives will be contacting retailers and wholesalers to arrange for the collection, credit and replacement stock.

No Build-up or Slender products other than powder drinks with the 'best before' dates listed above are affected.

We apologise for any inconvenience caused by these precautionary measures. Anyone requiring further information can call free by dialling 100 and asking for Freefone 2212.

The Nestlé Co. Limited, St. George's House Croydon, Surrey CR9 1NR

PRESCRIPTION SPECIALITIES

Controlled prostaglandin for labour

A controlled release formulation of prostaglandin (PG) E2 for the induction of labour, has been launched by Roussel Laboratories. Propess pessaries are for hospital use only.

Using a system developed by the British Technology Group and the University of Strathclyde, prostaglandin is delivered at a predictable rate avoiding ''dose dumping'' and accompanying excessively strong uterine contractions associated with conventional gel, pessary and vaginal tablet formulations, claim Roussel.

Controlled release is achieved by incorporating PGE2 solution into a hydrogel polymer matrix pessary. When inserted into the vagina, the pessary absorbs moisture and releases PGE2 at a controlled rate. Once the cervix is sufficiently ripened the pessary can be removed.

Manufacturer Roussel Laboratories Ltd, Broadwater Park, North Orbital Road, Denham, Uxbridge, Middlesex, UB9 5HP

Description A thin, flat, semi opaque, beige polymeric pessary which is rectangular in shape with radiused corners. Each contains dinoprostone, PGE2, 10mg in a ContRx delivery system

Uses Initiation and/or continuation of cervical ripening in patients at term in whom the induction of labour is indicated

Dosage Pessaries release PGE2 at a controlled rate of less than 1mg per hour over a period of eight to 12 hours. Once inserted the pessary can be removed at any terminate to time the adminstration (see Data Sheet). If sufficient cervical ripening has not occurred in eight to 12 hours the pessary may be removed and a second one inserted. Treatment should not be continued for more than 24 hours. Insert high into the vagina

Side effects Uterine hypertonus and severe protracted uterine contractions have been reported with PGE2 use

Contraindications, warnings, etc Previously shown hypersensitivity to prostaglandin. Do not use in patients in whom prolonged uterine contractions would be inappropriate or in those with a past history of, or existing, pelvic inflammatory disease (see Data Sheet). Use carefully in patients with a previous history of uterine hypertony, glaucoma or asthma. Nonsteroidal anti-inflammatory drugs should be

discontinued prior to PGE2 administration

Supply restrictions POM

Packs Individual, sealed aluminium foil/polyethylene laminate sachets (4 £106 hospital price)

Precautions Store in a fridge Product licence 8731/0003 Holder Controlled Therapeutics (Scotland) Ltd, 1 Redwood Place, Peel Park Campus, East Kilbride, G74 5PB

Issued December 1989

Shire's naproxen

Shire Pharmaceuticals are launching naproxen tablets under the Valrox brand name on Monday.

Valrox contains naproxen 250mg (250 £24.96) and 500mg (100 £19.97, both trade). Both are yellow, biconvex and scored on one side and embossed with a twin triangle logo.

The 250mg are round and marked "Npx 250", the 500mg are oval and marked "Npx 500". The product licence numbers of these POMs are: 250mg 0530/0265 and 500mg 0530/0266. Shire Pharmaceuticals Ltd. Tel: 0264 333455.

BRIEFS

Seward Medical have reduced the price of Golytely to £7.50 per dose, minimum order quantity is one case of six doses. *Seward Medical. Tel: 01-3576427.*

Janssen are introducing a 15 capsule pack of Sporanox 100mg capsules (£21.43 trade). Janssen Pharmaceutical. Tel: 0235 772966.

Torecan suppositories now come in a pack of five (£0.91 trade) instead of six. *Sandoz Pharmaceuticals*. *Tel*: 0276 692255.

Stuart Pharmaceuticals have introduced a ward pack of Tenormin 25 tablets (50 £3.23 trade) for hospitals only. Stuart Pharmaceuticals Ltd. Tel: 0625 535999.

Mexitil PL now comes in an original dispensing pack of 56 capsules (£10.98 trade) replacing the 60 capsule pack. Boehringer Ingelheim Ltd. Tel: 0344 424600.

Flagyl-S suspension is now packed in a 100ml bottle (\$4.23 trade) instead of 125ml, say May & Baker Pharmaceuticals, Rhône-Poulenc Ltd. Tel: 01-592 3060.

Knoll Ltd are taking over production and distribution of Akineton tablets and ampoules from Abbott Laboratories from December 1. *Knoll Ltd. Tel: 0628 776360.*



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Laboration reserved.

Dietary change could beat pre-menstrual syndrome

Some 10 million women in the UK suffer some symptoms of pre-menstrual tension each month. But there is growing evidence that a nutritional approach is appropriate firstline treatment for many women. Now, the Women's Nutritional Advisory Service says that pharmacists are well-placed to advise women about the simple changes they advocate, which could avoid the need for long-term, and expensive, drug treatment.

The real-life dramas behind the headlines illustrate the misery felt by many women each month from the symptoms of pre-menstrual syndrome, and the apparent ignorance of its nature and

treatment.

Many of the facts behind the lurid headlines are testimony to the mystery that still surrounds the condition and the lack of agreement about its treatment, or even whether it is something that needs treating at all. There can be no doubt, however, that PMS is responsible for strains in relationships and countless lost days at work.

This week's C&D includes the "Pre-menstrual pamphlet, syndrome: A rational approach", produced with financial backing from the *Today* newspaper, from Women's Nutritional Advisory Service, which outlines a dietary approach to PMS based on a programme claimed to have a high degree of success.

The WNAS senior advisor, nutritionalist Maryon Stewart, says that pharmacists are one of the first options for women suffering from the mild to moderate symptoms of PMS, who are most likely to benefit from the self-help dietary approach.

"Ideally if people can help themselves, there is no reason for doctors to be prescribing expensive drugs, a long-term solution which really only masks the symptoms, savs Ms Stewart. "A two-year follow-up study found that women who maintain our regime don't get their symptoms back.

The WNAS programme does not rule out a pharmacological approach in some cases, and all women on its personal programmes are given a letter for their GP. "What we are saying is that nutrition should be the first-line approach," says Ms Stewart. The logic of prescribing

tranquillisers and antidepressants when a simpler alternative is available may seem hard to comprehend. But, among 300 GPs who responded to a WNAS survey, almost 90 per cent felt they had little or inadequate knowledge of dietary approaches to PMS, a deficiency remedied

Now cars, food, tea and alcohol are to blame for the blues Wylie can blame for the EXCLUSIVE, Starting PAIT All results of survey into Inow GPs treat women how GPs treat women PMT: What is Poll reveals how GPs to blame for treat 10m women ADVICE FOR SUFFERERS four faces of

with the distribution of the 'Rational approach'' pamphlet in *GP* magazine in August.

WNAS found a wide range of treatments being prescribed by GPs; 68 per cent were using vitamin B6, POMs like dydrogesterone, norethisterone and progesterone were used by between 50 and 60 per cent. In contrast, only 27 per cent had used lifestyle counselling.

In essence, the WNAS dietary recommendations are similar to those from any "healthy eating" cookbook, but it is the turning away from highly processed foods that is the most important. The recommendations include cutting down on sugar and "junk" foods like cakes, chocolates, biscuits and puddings, eating less salt and reducing tea and coffee intake. They also advise eating a good proportion of green vegetables or salad each day, cutting out animal fat, and losing weight if necessary.

On the lifestyle front, WNAS

recommends women to take time each day to relax, communicating off-days to partners and families, sleeping well and avoiding difficult decisions pre-menstrually

The second key plank in the WNAS programme is a multivitamin/multimineral supplement, taken for up to six months. They themselves have most knowledge of Parkwood Health's Optivite, which they have used in trials at a dosage of six capsules a day, but there is no reason to suppose other similar supplements might not be effective. Ms Stewart says that the clearest evidence links PMS to deficiencies of vitamin B6 and the B complex vitamins generally, low levels of magnesium, and some types of hormone imbalance

The Women's Nutritional Advisory Service was founded by Maryon Stewart six years ago to give advice to women suffering pre-menstrual symptoms. The six-month nutritional programme was formulated by medical advisor Dr Alan Stewart after a study of world literature and drawing on work of the American authority Dr Guy Abraham.

For three years the service was run on a purely postal basis, but media attention inevitably swelled the postbag from 12 letters a week to up to 600 a day. A highly successful book "Beat PMT Through Diet" (£4.95) from Ebury Press enables women to help themselves, while the personal programme is still available, from £56 for six months, through the dozen or so nursing or nutritional staff based in Hove. The WNAS also runs clinics in

London and Hove.

The personal service operates through an initial questionnaire which enables the type of PMS symptoms to be categorised and a personal diet planned. Briefly four types of basic syndrome have been determined. PMT-A is characterised by irritability, anxiety and mood swings, PMT-H by weight gain, abdominal distention and breast tenderness, PMT-C by severe headaches, dizziness and craving for carbohydrates like chocolate, and PMT-Ď, the smallest category, by depression and insomnia. The categories are not mutually exclusive, and women can suffer more than one type at the same time. Symptoms typically occur three to seven days before a period, but can be present for up to two weeks before.

The latest venture for WNAS is a new video, launched this week, entitled "PMT: A self help guide". Says WNAS co-director Pamela Hurvitz: "The video will enable women to see and hear other women — including a housewife, a barrister and a midwife - who have overcome the same problems.

The video will retail at £8.99, though copies will be available for hire at around \$5 plus a returnable deposit. Pharmacists will be able to stock the video for sale at £6.30 trade. Postage may be payable.

The Women's Nutritional Advisory Service is at PO Box 268, Hove, East Sussex BN3 1RW. Tel: 0273 771366.

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This is the twelth of a *Chemist & Druggist* initiated series of training seminars for pharmacists and their assistants — sponsored jointly with companies which have a particular expertise in the chosen subjects

How to satisfy small appetites with nutritional care

by John Wells, nutritional services manager, Cow & Gate Ltd



Today everyone recognises the importance of good nutrition. During the 1980s we have seen public interest in this subject stimulated by numerous reports on diet-related diseases such as coronary heart disease, hypertension and obesity.

However, interest in the nutritional needs of babies has been the focus of attention for a much longer period and manufacturers of babymilks and weaning foods have applied nutritional science to the formulation of their products since the turn of the century - long before health foods, low fat or high fibre foods generally became popular with adults.

Why should this be? The brief answer is that babies are a special group nutritionally. There are three basic reasons for this

1. High growth rate A newborn baby will double his weight within about the first 5-6 months of life and at one year he will have a weight which is approximately three times his birth weight. This rapid gain in body tissues places tremendous demands on nutritional intake. Thus, when expressed on a body weight basis, the nutrient requirements of babies are several times higher than those for adults.

2. Immature body functions Many of the body's organs and functions are immature in the newborn baby and it is important to appreciate this fact when formulating foods for babies and young children. Some of the nutritional

considerations are listed in table 1.

3. Restricted range of foods For about the first 4-6 months breastmilk or infant formula provides a baby's total nutritional requirements. During the following 6 months weaning foods play a progressively more important role, so that by the age of one year solid foods will, in most cases, provide more energy (calories) than

Thus, during the first 6-9 months, a baby is very reliant on a small number of foods for nutrient intake. This is an important concept to appreciate because the foods consumed must be well designed nutritionally in order to ensure that all the baby's nutritional requirements are adequately met.

Infant formulas

Despite the nutritional superiority of breastmilk, 35 per cent of mothers in England and Wales and 52 per cent of mothers in Scotland, choose not to breastfeed at all and many more cease to breastfeed their babies by the age of 6 weeks. For these mothers, a cows' milk based infant formula is the best alternative.

The nutritional role of an infant formula is to provide all the nutrients required during the first 4-6 months of life in a form which can be easily digested and absorbed. The formulation of these products requires a high degree of specialised knowledge and extensive medical trials are necessary before a new formula is generally made available.

Although the basic ingredient used in the manufacture of babymilk is cows' milk, it has to be modified considerably in order to make it suitable for human infants. Cows' milk is nutritionally ideal for calves, but it contains too much protein and minerals and too little lactose and certain vitamins for the human

Infant formulas may be classified broadly into two groups: whey dominant and casein dominant. The whey dominant formulas all contain protein with a casein: whey ratio that is similar to breastmilk (40:60), whereas the casein dominant formulas all have a casein: whey ratio of 80:20 which is the same as in cows' milk protein.

infant's immature body (see table 2).

Details of the main characteristics of these two groups are shown in table 3. The whey dominant formulas have strikingly similar compositions, which is not surprising since all these products are formulated to be nutritionally as close as possible to mature

The casein dominant formulas have higher levels of minerals than the whey dominant formulas and they also show greater variation in composition, particularly their carbohydrate content. Thus, Plus and SMA White contain carbohydrate which is 100 per cent lactose whereas Ostermilk Two and Milumil contain maltodextrin. The latter also incorporates a small amount of starch. Whether these differences are of significance to the well-being of the baby is uncertain. However, the nutritional advantages of lactose compared with other carbohydrates are well documented.

All current infant formulas fully comply with the DoH compositional guidelines (1980) and they are therefore considered suitable for babies as a sole source of nourishment for the first 4-6 months.

Weaning

The weaning process involves a stepwise series of gradual changes to the diet starting with 100 per cent milk intake and finishing with meals similar to those eaten by other members of the family.

From the age of about 3 months breastmilk or infant formula alone may not be sufficient to meet the needs of a growing baby. Some additional food is required to meet the greater demands of an increasingly more active baby.

First weaning foods should be relatively mild in taste and they need to be pureed and smooth in texture so that a baby can suck them from a spoon. The next change occurs at about 7 months when food containing small pieces is introduced.

The pieces of food are important because they encourage the baby to chew. If a parent delays the introduction of these pieces to a

later age, ie 12-14 months, then the baby will less readily accept the change in food texture and a feeding problem may develop.

To help parents through the weaning period, babyfood manufacturers make available a wide range of babymeals, rusks, cereals and fruit juices which are extremely popular. Thus the 1985 OPCS survey found that by the age of 4-5 months, 82 per cent of

parents, the products are generally classified into breakfast, main courses, desserts and yogurts. Some manufacturers, such as Cow & Gate, apply a strict nutritional policy to ensure minimum standards of nutrient content are maintained.

Babymeal labels usually include some information on the dietetic characteristics of these products, eg gluten free, lactose free

Immature body functions in infants and their nutritional implications

illillature bouy fullo	none in intante and men manthonal impirations
Activity Digestion and absorption	Nutritional implication Poor tolerance of starch and long chain saturated fats.
	Diets with high osmolalities cause diarrhoea.
	Ca/P balance of diet more critical.
Low gastric acidity	Raised intakes of nitrate cause methaemoglobinaemia.
Metabolism	Dietary sources of histidine and cystine are essential (not in adults) and taurine is semi-essential.
	Avoid additives eg artificial sweeteners and colours, monosodium glutamate.
Kidney function	Feeds with high renal solute load eg excess protein and/or sodium result in hyperosmolar dehydration.

Table 1

babies were receiving manufactured babyfoods, 65 per cent cereals and 40 per cent rusks. The widespread use of these products at a critical stage in a baby's growth and development places a high level of responsibility on manufacturers to ensure that their products are formulated on a sound nutritional basis.

Babymeals

Babymeals are available in a ready to use form in jars and cans or as a powder which needs to be reconstituted with previously boiled water before use. These products are designed to meet the nutritional needs of infants when used in conjunction with breastmilk or an infant formula. Stage 1 or strained foods are designed for babies aged around 3-7 months and Stage 2 or junior foods are intended for babies from about 7 months.

A large range of ingredients is used in the manufacture of babymeals — dairy products, meats, vegetables, cereals, etc, and, to help

Table 2

Differences between cows' milk and mature human milk per 100ml

	Cows'	Mature human
Energy (kcal)	63	70
Fat (g)	3.7	4.2
Protein (g)	3.2	1.3
casein:whey	80:20	40:60
Carbohydrate (g)	4.6	7.4
(lactose)		
Sodium (mg)	49	15
Potassium (mg)	146	60
Chloride (mg)	93	43
Calcium (mg)	117	35
Phosphorus (mg)	93	15
Calcium: Phosphorus	1.3:1	2.3:1
Vitamin A (mcg)	38	60
Vitamin D (mcg)	0.03	0.01
Vitamin E (mg)	0.1	0.35
Vitamin C (mg)	1.5	3.8

etc, which helps those parents whose babies are required to follow a special diet. More comprehensive information is readily available from individual manufacturers on request.

One of the undoubted advantages of

A special market for special people

An overall view of the babyfoods market by Richard Ambor, marketing manager, Cow & Gate

The babyfoods market is a unique one, having several characteristics which set it aside from other food markets. It is a constant market, since babies are always being born, but in the first 18 months of life there is only a short time in which the various product sectors can play a part. From birth to weaning, and progression to adult food, the market is continually moving. New mothers and new babies progress through the feeding cycle as the baby develops.

In recent years, the birthrate has risen considerably to create a very buoyant babyfoods market. However, the birthrate can be affected by economic changes. The recent increase is now flattening out as rising mortgage rates and the reduction in disposable income have an impact.

The babyfoods market has developed alongside the changing needs of today's women. More working mothers and faster lifestyles create the need for convenience, which has been matched by the babyfood manufacturers with products to help mothers feed their babies, both conveniently and with quality and nutritional standards assured.

Babyfood manufacturers take their responsibilities seriously, particularly in the area of babymilks, where for the past five years manufacturers have adhered to the voluntary Code of Marketing Practice. In the

Table 3

Composition of infant formulas

		Whey d	ominant			Casein (dominant			
Per 100ml	Premium	SMA Gold	Aptamil	Ostermilk	Plus	SMA White	Milumil	Ostermilk Two	Mature breastmilk	DoH guidelines
Energy kcal	66	65	67	68	66	65	69	65	65-75	65-75
Fat g	3.6	3.6	3.6	3.8	3.4	3.6	3.1	2.6	3.7-4.8	2.3-5.0
Protein g	1.4	1.5	1.5	1.45	1.9	1.5	1.9	1.7	1.2-2.4	1.2 - 2.0(1)
Casein: Whey	40:60	40:60	40:60	39:61	80:20	80:20	80:20	77:23	40:60	1.5 - 2.0(2)
Carbohydrate g	7.5	7.2	7.7	7.4	7.3	7.2	8.8	8.6	7.1-7.8	4.8 - 10.0
Lactose g Maltodextrin g	7.5	7.2	7.7	7.4	7.3	7.2	$6.3 \\ 1.4$	2.8 5.8	7.1-7.8	2.5-8.0
Starch g							1.1			
Sodium mg	18	15	18	19	25	20	24	25	11-20	15-35
Calcium mg	54	44.5	59	35	85	56	71	61	32-36	30-120
Phosphorus mg	27	33	35	29	55	44.5	55	49	14-15	15-60
Calcium: Phosphorus	2:1	1.3:1	1.7:1	1.2:1	1.5:1	1.3:1	1.3:1	1.2:1	2.3:1	1.2:1- 2.2:1
Iron ug	500	670	700	650	500	670	400	650	62-93	70-700
Zinc ug	400	500	400	340	400	500	400	330	260-330	200-600(4)
Renal solute load mosmol/1	92	92	101	94	130	101	121	112	86	79-143(3)
(1) Casein: whey 40:60, (2) Case	in: whey 80:20. (3) Based on min	imum and maxim	um guidelines for s	odium, potassiui	n, chloride and p	rotein. (4) Tenta	tive.		

manufactured babymeals is their convenience. Babies are notorious for rejecting food that has been conscientiously and lovingly prepared by mothers at home. The use of manufactured babymeals, which can also be met with rejection on occasion, helps to reduce or avoid such disappointment and enables a mother to spend more time talking to and enjoying her baby.

Rusks

Rusks are a useful weaning food as they can be mixed with expressed breastmilk, babymilk or cooled previously boiled water to form a smooth textured feed. Alternatively, they can be used with older babies and toddlers as a teething rusk or nutritious biscuit (supervised of course).

A large selection of rusks is now available, including gluten free and various fruit flavours and low sugar varieties. The nutritional value of these products is generally enhanced by the addition of a large range of minerals and vitamins.

Rusks should never be added to a baby's bottle since this completely destroys the careful balance of nutrients in the babymilk. The blocked teat that results also means an unhappy baby!

Baby juices and herbal drinks

During recent years the emergence of a new generation of baby fruit juices has totally displaced the older style fruit syrups. These newer products are made from blends of pure fruit juices which are selected for their mild flavours and low acidity. An important feature is that they do not contain added sugar.

Herbal drinks are made from glucose granules which have been flavoured with extracts of herbs such as fennel, camomile and hibiscus. The levels of herbs are sufficient to give a mild, pleasant flavour, but without having a pharmacological effect on the baby.

Government report by COMA, published in 1988, the Code was fully endorsed and several major factors to do with infant feeding were covered, laying foundations for the 1990's.

It is interesting to note the report recommended that breastfeeding or feeding with babymilk should be continued throughout the first year — a recommendation endorsed by the DoH this year. The sharp increase in the babymilk market during 1988, when the market rose by 15 per cent volume, slowed down in 1989 in line with the flattening birthrate. Nevertheless, there is continued growth reflecting the DoH recommendations and the market is expected to be worth \$85m by the year end, up 6 per cent in 12 months.

First time mothers, in particular, actively look for guidance and advice on feeding practices and the role of the pharmacist, as recognised by the Royal Pharmaceutical Society in this respect, is still important as a trusted and respected source of information and guidance on safe and adequate infant nutrition.

There are four major sectors within the babyfoods market — babymilks, babymeals, drinks and rusks, of which the babymilk sector is the largest. The babymeals sector incorporates wet and dry ranges, but consumer preference for wet meals has led to wet meals' dominance. Wet meals are produced in cans and glass jars. Glass jars have become the preferred packaging with a high quality image and because of their recyclability.

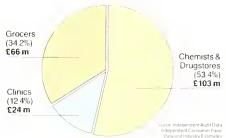
Following the deliberate contamination of babymeals crisis, earlier this year, the speed with which manufacturers moved to tamper-evident packaging for glass jars has had a positive response from the consumer. Recovery is steady and mothers' confidence has, to a large extent, been restored.

Mothers are looking to replicate their own

feeding patterns in their babies' diets and are consequently using a greater variety of babyfood. The past 18 months has seen the babymeal manufacturers of both 'wet' and 'dry' products tailor their ranges to meet the growing demand from mothers for clear mealtime suggestions. In line with current nutritional requirements, all babymeal products carry information indicating no added salt or added preservatives, no artificial

TOTAL BABYFOOD MARKET by Trade Sectors 1989

Location of Sale (value) Total Market £193 m



colours or artificial flavourings, and there is now a good choice of gluten free, no added sugar and lactose free products.

The most dynamic sector of the babyfoods market, babydrinks, is forecast to increase to just over £19m by the end of 1989. Juices now dominate the market with 82 per cent of total volume, whilst ready-to-drink juices, which did not exist five years ago, have over 59 per cent of the babydrinks market. The pharmacist has the lion's share of the babydrinks market with 68 per cent of retail sales. This babydrinks sector has become an important part of the changing market, and with manufacturers introducing new products

and varieties, there is still growth potential and opportunity in this area.

The fourth sector in the babyfoods market, rusks, is estimated to reach £13.6m by year end. The rusk market is static, due in part to a lack of understanding about product usage, although rusks are an ideal first weaning food. Manufacturers have moved with consumer requirements and have produced gluten free as well as low sugar rusks. Chemists and drugstores continue to dominate this sector with 55 per cent share and there is growth potential if the lines and varieties are stocked.

The total babyfood market is currently worth £193m with chemists and drugstores taking 53.4 per cent share. In fact, pharmacies have taken 3 per cent of the babymilk market from grocery outlets in recent months. This is attributable to several factors.

Foremost, mothers are seeking out expertise and advice in the retail area to feel confident about the choice of products for their baby. The trend away from shopping for babymilks in outlets which do not offer specialist back-up, clearly indicates the continuing need for the informative, authoritative and personal approach which the pharmacist can offer. In addition, a controlled environment can also offer enhanced, perceived security in the light of concerns about product safety.

It is significant to note that there is little growth in the own-label sector and a lack of new brands to the market reflects a mother's need for the reassurance and confidence a well known brand name can bring.

Helping mothers through the confusing first months of motherhood and advising them of the different product benefits, is a role which can be further developed by pharmacists' assistants. Daily contact with mothers who need help will encourage loyal custom throughout the infant feeding cycle.

New Ready-to-Feed babymilk. They'll be buying it by the case.



Cow & Gate are proud to announce the latest addition to our very successful babymilks range: Ready-to-Feed. In both Premium and Plus. A babymilk that's ready made up in the bottle.

All mothers have to do is put on a sterilised teat and locking ring and it's ready to feed.

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Make sure you can meet the demand by getting in a few casefuls.

For more information please contact: Cow & Gate

The Bobyfeeding Specialist Limited, Trowbridge, Wiltshire BA14 8YX

Presenting this prescription, a 40-year old man asks for some Otrivine nasal spray and some multivitamins. He has a cracked rib. for which he has a week's course of indomethacin, and he feels run down. "I need a pickme-up," he adds.

UESTIONS

1 How might his symptoms be drug-induced?

2 What action do you suggest?

3 Is xylometazoline appropriate? 4 Is indomethacin appropriate?

5 Should you supply any vitamins?

sign of excessive sedation, possibly due to a hangover effect of nitrazepam, or to the effects of beta-blockade due to the systemic absorption of timolol.

2 Establish whether there is a temporal relationship between the onset of fatigue and starting treatment with either drug — if so, it should be reviewed. The dose of nitrazepam could be reduced or the hypnotic could be replaced by a benzodiazepine with a shorter half-life, such as temazepam. Triazolam is another alternative, although there is at present controversy over its possible adverse CNS effects. This would also be an opportunity to review with the GP the need for continued treatment with a benzodiazepine. If this fails to

improve the symptoms, reducing the concentration of timolol eye drops might help — if not, or if control of intra-ocular pressure is lost, an alternative ocular antihypertensive should be selected.

3 Xylometazoline nasal drops occasionally cause drowsiness, which would only exacerbate his symptoms. Establish what symptoms he has and their cause. Consider whether a decongestant is needed: a non-sedating antihistamine may be more appropriate or, if the problem is perennial, a nasal steroid.

4 Indomethacin may also cause drowsiness. Tolerance develops within a few days but this course is only for a week. A better tolerated anti-inflammatory agent such as naproxen or ibuprofen may be preferable.

5 If this man's drowsiness is druginduced, there is no need for vitamin supplements. If not, there is no evidence that vitamin deficiency is the cause. Few people, except perhaps some of the elderly, need to supplement an adequate diet. Supplying vitamins might do no harm directly and it might make him think he feels better. But it would delay referral to a doctor, which would determine the best treatment if

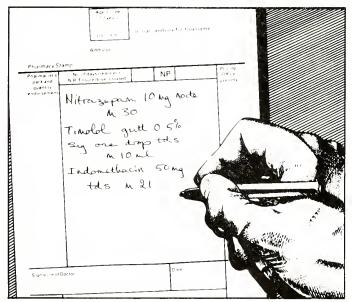
his symptoms reflected a more

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- of Johnson Limited, their agents of anyone con-nected with this draw.

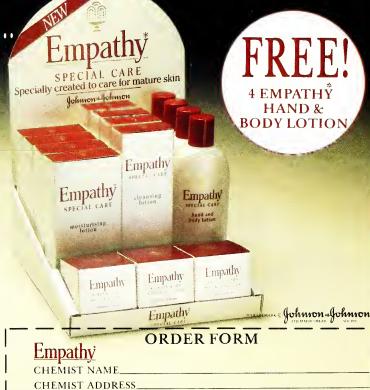
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 No correspondence will be entered into No liability will be accepted by Johnson & Johnson for any entries lost, damaged or delayed in
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 The draw will take place on 9 February 1990 and will be made by an independent judge.
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- and applying to the address below) approximately 4 weeks from the draw closing date. The prize must be taken between January and December 1990 (excluding all bank liolidays). The total value of the prize will not exceed \$600.
- £600
- to00.

 8. The closing date by which entries must be received is 26 January 1990.

 9. All orders received will automatically be entered
- An orders received will automatically definitive to the draw is not conditional upon ordering an Empathy Pre-Pack Unit. You may also enter the draw by writing your name and address on a postcard and sending it to the address shown above.



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WIN! A TRIP ON CONCORDE

Millar sets the pace on pay talks

Graeme Millar was thrust into the spotlight ahead of his time when he became acting chairman of the Pharmaceutical General Council (Scotland) in December 1988 following the abrupt resignation of lan Mullen. After a difficult year for the Council, he has consolidated his position and will shortly be putting the PGC's case for 1990 and beyond to the Scottish Home and Health Department.



Two weeks after Graeme Millar was moved into the hot seat as caretaker chairman for the PGC he was summoned to St Andrew's House to be told the Government was ditching the cost-plus contract. Three months later he was facing a barrage of criticism from larger contractors after allegations that the PGC's Standing Committee had rejected a fee structure proposed by the SHHD in favour of one weighted ''unfairly'' towards smaller

NHS businesses. In between times he was working hard to heal internal rifts in the standing committee following Ian Mullen's exit, and to placate the PGC itself, some of whose members were wondering what they had been elected for.

Mr Millar revels in the political infighting, which is just as well since he has had a bellyful this year. The last six months have seen the emergence of a more positive line though. A

clearer vision of the way ahead is emerging after debate within the Standing Committee, and more recently the full PGC, on the future for NHS remuneration. However, Mr Millar is keeping his own counsel on exactly what Scottish contractors will be seeking until the PGC meets with Health Department officials in a few weeks time.

One clear message has emerged: there will be no attempt to push for radical changes in 1990-91. "The Standing Committee considers it an interim period — a time for us to lay down markers for the type of remunerative structure we want for 1991-92," says Mr Millar. "That gives us time to analyse methods and structures of payment. There is no point in approaching the full PGC and the Department with a huge list of proposals unless we have analysed them ourselves.

There is often a feeling South of the Border that the Pharmaceutical Services Negotiating Committee sets the agenda on remuneration. But the PGC, as it showed during the fight to get the new contract implemented, has no fear of pursuing its own initiatives. While there will never be any dramatic differences in the amount of money paid to contractors North and South of the Border, the way it is split up could see the development of two distinctive systems of payment.

The abandoning of the cost-plus method of payment has put the negotiating bodies on their mettle to find a suitable formula to fill the vacuum, in the absence of any useful indicators from the Department of Health or the SHHD. Mr Millar is happy with progress made so far this year. "We are on the right track and ahead of PSNC. We are going in a different direction. They are still following the costplus, global sum concept but we have been making efforts not to do so," he says.

Under the new system the Government

Under the new system the Government has stated it will not recognise the results of any surveys as a means of determining costs. The PGC has every intention of keeping such information up-to-date for its own use. As Mr Millar points out, concrete evidence will be needed to justify any index-linked claims relating to the labour and overhead costs within the core services. Although the SHHD will not accept the global sum principle, the amount of money set aside for pharmaceutical services will relate to that historical figure for some years.

Continued on p930



An extract from a recent trial to find a fast and effective painkiller.

PARACODOL gave more pain relief than placebo. It gave more rapid pain relief than the leading ibuprofen brand (p < 0.05 at 10, 20 and 30 minutes post-dose) but from 40 minutes no difference was apparent. PARACODOL also gave more rapid pain relief than the leading aspirin brand (p < 0.05 at 10 and 20 minutes) and a more lasting effect (p < 0.05 from 60 minutes onward).

SOURCE: INDEPENDENT RESEARCH CARRIED OUT ON BEHALF OF FISONS DATA ON FILE: FISONS PLC.

This extract must be a real pain in the competition's mandibular third molar (wisdom tooth in plain language).

This independent trial shows that PARACODOL gave more effective pain relief than other analysesics tested in 120 operations to remove as many wisdom teeth.

It also gives fast acting relief from headaches, migraine, cold and flu symptoms, neuralgia, muscular and rheumatic pain, period pain and toothache.

So the next time a customer asks you for a fast, strong and effective painkiller, impart a little mandibular third molar (or plain wisdom).



AVAILABLE IN SOLUBLE AND CAPSULE FORM.

C&D INTERVIEW

Continued from p928

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On the assumption that a rapid move to a service, rather than supply orientated method of payment is unlikely to be acceptable to the SHHD, dispensing fees become the hinge around which most contractors' income will revolve. Mr Millar completely rejects any move to a flat fee system. "It has never been considered by the PGC," he says. "It is vitally important that we maintain front loading. There is a hint from the Department down South that the viability of front loading is open to question. The DoH got rid of costplus, so it may consider the logical extension is to get rid of the front loading elements that go with it. That implies a flat fee. If that happened 70 per cent of Scottish pharmacies would be worse off."

In the short term the PGC has to maximise the amount of money paid to contractors, says Mr Mullen. He rules out an extension to the essential small pharmacy scheme, since as Scotland is essentially rural there would be a large number of ESPs. Although drastic changes in methods of payment are not anticipated this year, there may well be debate on the position of on-cost and discount recovery. The amount paid out for the first relates closely to the amount clawed back for the second, suggesting the idea of a trade-off. They cannot be taken in isolation because any change in wholesaler terms could leave contractors isolated, he says.

On-cost is now difficult to explain politically, says Mr Millar. It was brought in when inflation was running at 20 per cent, as a means of helping pharmacies where net ingredient costs were high. With inflation falling back, and downward pressure on drug costs being applied through indicative drug

budgets for GPs and other methods, it is no longer as critical as it once was. "Downward pressure on budgets could make it difficult to estimate accurately what will happen to net ingredient cost," he says. "So let's try and allocate the money elsewhere as professional fees, or as practice allowances to develop the extended role. At this stage we have not come down on the side of any particular idea."

The amount paid out for on-cost relates closely to that clawed back for discount, suggesting a trade-off

The PGC has never been given the impression that a settlement will be imposed this year, as last year's draconian measure was. "We had the impression that the SHHD was not very happy with the way that situation was handled. It has more independence than you may imagine," says Mr Millar.

Looking at some of the ideas that have been mooted to develop the remunerative package, Mr Millar says he does not like the idea of practice allowance. Contractors could end up with every non-supply function put under this head. "I would prefer to negotiate each element separately. This would provide a better incentive to participate by giving a variety of choices. Contractors can then effectively 'rate cap' themselves. I support continuing education and assessment related to an incentive, for example."

Mr Millar is fortunate in that he enjoys a good relationship with his opposite number at the SHHD. So when he says the basis of how

pharmacists are paid and the criteria could be completely different, it is perhaps more than just wishful thinking. "I am led to believe that the SHHD is pro-active regarding the payment of contractors. It would not necessarily be tied to activities down South. The Government may consider using Scotland to make the running, as a trial area, as it has done with the poll tax," he says.

Whether contractors should provide a service and then ask to be paid for it, or vice versa, has provoked many an argument. Mr Millar believes that first you must prove the service is viable and desirable, and that pharmacists are the people to provide it, and can the Government then afford to take it away? "We are now getting payment for patient medication records. The money is small but the principle is strong. These systems have been out for years, and a number of pharmacists have been using them to provide a professional service. The Government for its own reasons wants to be seen to be promoting good health throughout the community, so pays up," he says.

While the resignation of the previous chairman, Ian Mullen, was an unpleasant affair, Mr Millar does not think there has been any long term damage to the credibility of the standing committee or the full PGC. If anything it has emphasised the need for better communication and consultation. There will be a minimum of two full PGC meetings a year from now on, he says, and the number is more likely to be three. They will be part of the decision making process.

"As a member of the PGC you could have been forgiven in times past for wondering what you were there for," says Mr Mullen. Hopefully those days are over for good.

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Crookes Healthcare — expanding into new brands and new markets

"An astonishing record of sustained growth" That is the verdict of Crookes Healthcare director, Kevin Wilson, on the company's performance over the past 12 months. confidently expect to produce retail sales of £120m in the UK alone this year, an increase of 17 per cent.

The company's accumulated growth in the three years up to the end of 1989-90 will then amount to an astonishing 59 per cent.

And Crookes Healthcare are also expanding overseas, a move, says Mr Wilson, which gives Crookes further incentive to invest for future success in the UK market with the continued introduction of new brands and range extensions. Worldwide consumer products business is expected to reach a retail sales value of £220m this year.

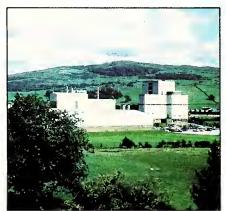
"Our UK and worldwide business shows no signs of weakening," says Mr Wilson. "On the contrary, we plan to press ahead vigorously in all main areas of our business, which will provide enhanced profit opportunities for all our customers. Much of our success has resulted from our ability to innovate — we are constantly bringing new products to the market place, as well as looking at new markets for our existing products.

"We are positioned not only to maintain our number one position in the market, but to grow even stronger. We will ensure that our customers and consumers share in our continued success by providing the very best products and support, all along the line," Mr Wilson savs.

The past 12 months have been notable not only for the introduction of new products but also for a number of initiatives to improve company efficiency and productivity. Crookes Healthcare took the decision to close the Farley's Plymouth factory and concentrate cereals production at the Kendal plant.

This major project, which involves the setting up of a completely new cereals manufacturing line at Kendal, is well advanced. It will provide the additional capacity to meet expected increased demands for Farley's products, which the old factory at Plymouth is unable to match.

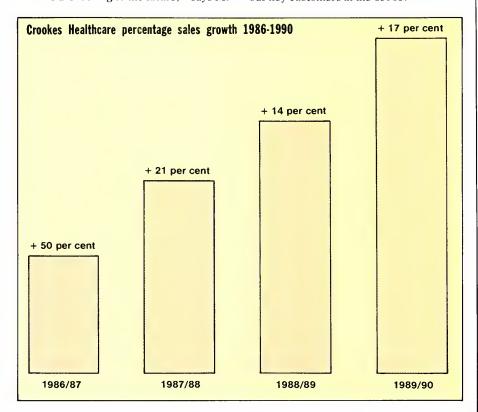
Crookes Healthcare's commitment to new product development is exemplified by the



The Kendal plant takes on the new Farley's breakfast cereals line

launch in 1989 of Farley's Junior Milk and Bath E45, while other major brands — Farley's Ostermilks, Strepsils, Karvol and Complan have been relaunched.
"We are looking to the future," says Mr

Wilson. "We will expand our markets and our portfolio - through acquisition, new product development and international markets. And we look forward to sharing our success with our key customers in the 1990s.



E45 — growing well, looking smooth

E45 is a unique range from Crookes Healthcare which offers effective care for dry skin conditions. The range continues to show remarkable growth, with sales currently moving up at a rate of 30 per cent year on year.

Cream E45 alone is already the sixth largest over-the-counter brand sold through pharmacy.

Yet, says group product manager Pam Watson, the brand still has tremendous growth potential. "Research indicates that less than 30 per cent of the population have ever heard of it, only 17 per cent have ever tried it and only 12 per cent have used it in the past 12 months. However, the research also indicates that once used, customers stay loyal to the brand — a great opportunity for us.

Complementary to Cream E45 are Wash E45 and Bath E45, also formulated to care for dry skin conditions where they can be used alongside treatments for more serious conditions like eczema, dermatitis and psoriasis. Wash E45 and Bath E45, both new to the market, seem destined to achieve similar levels of success as Cream E45, judging by the results to date.

Wash E45 is a dermatological washing cream free from soap, which cleanses effectively but leaves skin feeling soft and supple, while Bath E45 is a dermatological bath oil that is colourless and semi-dispersing and has a longer lasting emollient effect on the skin than many other bath oils.

Cream E45 emerged from a medical background and it is interesting to note that 500,000 prescriptions are written for it each year.

And, indeed, the brand still enjoys considerable health professional recommendation, with Crookes Healthcare taking care to ensure that the range is well understood by pharmacists and their staff the range has been the subject of 35 staff training evenings.

Consumer understanding of the range — a complex topic for most — has been boosted by a detailed and targeted public relations campaign, which has resulted in good and thorough editorial coverage in consumer publications such as Good Housekeeping.

The E45 range is also part-sponsoring the Moss Chemist and Cross & Herbert pharmacy assistant competitions, which are important as they give the pharmacy assistant the opportunity to learn more about the E45 range, its uses and benefits.



Worldwide winners - nine global brands contribute 75 per cent of worldwide sales and 87 per cent of UK sales

Hc45 — taking the lead in the 1 per cent hydrocortisone market

Contributing to the impressive sales growth for the E45 range so far this year is Hc45, which represents Cream E45 in the 1 per cent hydrocortisone market. Hc45 provides a safe, effective treatment for more serious inflamed and irritated skin though both creams can be used together to help the treatment work more effectively.

Both are leaders in their specific fields, with Hc45 currently holding over a third of the £1.8m hydrocortisone market.

The dominance of Hc45 has caused several brands to withdraw from the market, and although these withdrawals left a considerable

stock of those brands in the trade, that particular hurdle is being successfully overcome with Hc45 continuing to build its

This is seen as a considerable achievement by the company, considering some divergence of views held by pharmacists over the rectitude of recommending a 1 per cent hydrocortisone OTC product. Crookes Healthcare believed this problem called for an educational programme for pharmacists which would give them extra reassurance on the effectiveness and safety of 1 per cent hydrocortisone, to overcome pharmacists



Dr Andrew Carmichael at an educational

concerns over potential misuse.

Hc45 is included in the training seminar programme for E45, and it is also featured in the training video for pharmacy staff, where again the dermatologist who appears on the video confirms that 1 per cent hydrocortisone is a safe and effective OTC medicine for certain conditions.

Expanding market for Complan

Early in 1989 Crookes Healthcare took a brave step and shook up Complan, its already successful brand leader in the fortified drinks market with a 76 per cent share. The company redesigned the packs to give a healthy and modern look and invested in television

advertising for the brand.
"And," says group product manager
Rodney Cowen, "we re-evaluated the brand in terms of its potential for a number of new targets: slimmers; pregnant and breastfeeding women; athletes; our original core target of the over 55s - and people who are plain busy! They rush around all day, but want to have something nutritious if they don't have time to eat properly.

All the new targets, says Mr Cowen, benefit from Complan's formulation complete meal in a drink which contains vitamins and nutrients for a healthy balanced

Crookes Healthcare are now starting to see the fruits of their labours, with the "naked male hunk" television advert screened in Yorkshire, Granada and Tyne Tees providing extremely encouraging levels of sale there.

'It was a risk that's starting to pay off, says Mr Cowen, "but we wanted new markets for Complan. Indeed Complan looks like it could become one of the newest old brands of the 1990s!



Cream E45 is already the sixth largest OTC brand in pharmacy

Farley's Junior Milk — building a new market

Though launched only ten months ago in response to DHSS guidelines on infant feeding, Farley's Junior Milk has been "tremendously successful", with product manager Claire Uglow reporting a 60 per cent

share of the follow-on milks market — outselling its only branded rival three to one where both are stocked. And, says Ms Uglow, the follow-on milks market is one that Farley's has virtually grown from nothing overnight.

Variety Milk

Services

Se

Farley's Junior Milk already holds 60 per cent share of the follow-on milks market

Farley's Junior Milk is a follow-on milk which has been specially formulated to meet the needs of babies over six months old. It is not an infant formula and is not suitable to be fed from birth.

Farley's Junior Milk is nutritionally superior to cows' milk for a number of reasons. It contains a better source of iron than cows' milk, as well as a better source of vitamin D and other essential nutrients. For example, the recommended daily amount of iron for babies over six months can be obtained from one and a half pints of Farley's Junior Milk, but it would need 22 pints of cows' milk to provide the same amount.

Farley's Junior Milk contains only vegetable oils and butter fat, which makes it suitable for use by vegetarians, like the rest of the Farley's baby milks range. At present, nine out of ten British babies over six months

old are given cows' milk which means that the

potential market for follow-on milks is enormous.

Although the follow-on milks market makes up only about 2 per cent of the total infant milks market in the UK, countries where follow-on milks have been available for several years show much higher market shares for follow-on milks. In France, follow-on milks comprise 40 per cent of the infant milks market and in Germany 25 per cent.

Given the nutritional advantages of Farley's Junior Milk over cows' milk, and, the company believes, over competitive products, it is confidently predicted that health professionals and mothers will be turning in ever growing numbers to the Farley's product.



The healthy and modern design of Complan packs brings in new consumers



Karvol — taking share by identifying with mothers' concerns

Nurofen puts pain in perspective



Launched in November, the Nurofen Pain Relief Project aims to underline the unique qualities of Nurofen among health professionals and consumers alike Launched on November 15, the Nurofen Pain Relief Project is a unique new project which aims to increase awareness among medical professionals, carers, researchers and the general public of pain relief as having an important role in maintaining the quality of life.

Graham Gilbert, group product manager for Nurofen, explains: "The Nurofen Pain Relief Project is an innovative project which will enable us to underline Nurofen's reputation as an authority on pain relief. Nurofen itself was a breakthrough, and this project constitutes a breakthrough in the way in which we are seeking to increase the profile of pain management among key groups, consumer and professional alike.

The Nurofen Pain Relief Project aims to stimulate discussion about the management of pain between carers and researchers at a multidisciplinary level, improve awareness of the need for continued research; increase interest in pain and pain management techniques at all levels and establish pain relief as a valid therapeutic goal in itself.

Karvol — demonstrating an understanding of mothers

Last Winter saw Crookes Healthcare use their expertise in repositioning Karvol with the support of new packaging and new advertising — with considerable success.

Karvol increased its sales by 20 per cent in volume and 30 per cent in value, against only 5 per cent and 6 per cent volume increases by its two main competitors.

And with a further national television campaign worth £1.2m planned from January, sales of Karvol are expected to boom. The brand already holds 50 per cent by value of the total rub and inhalant market, which last year saw substantial growth.

Marketing manager Bernard Bremer explained the philosophy behind the success: "We took the step of overhauling an already successful brand by making a tremendous effort to look at Karvol from the mother's point of view and to understand the thoughts and emotions which a mother goes through when her child has a 'snuffly' nose and can't sleep.

sleep.
"So we emphasised visually peaceful sleep both on-pack and in advertising. The ad won a Gold Lion at the 36th Cannes Advertising Film Festival, but more importantly significantly boosted sales."

The Karvol TV ad was an award winner, because of its innovative approach. There is no voice over: the advertisement focuses on a child going from a disturbed, restless sleep through to a settled peaceful one — with the mother, through Karvol, providing the solution to her baby's problem.

The same strategy of a peaceful sleep has been applied to a Press campaign in mother and baby publications which runs until the year end to provide Karvol with season-long

advertising support.

And the new pack communicates well the "natural" content of the product — the oils of pine, cinnamon and menthol — and enables the brand to stand out on shelf by using a simplified and uncluttered front face of the pack. New copy on the reverse side clarifies and simplifies product use, and for the first time recommends mothers dab Karvol on a handkerchief, and tie it securely in the vicinity but out of the reach of, say, a baby, while older children and adults can use Karvol on bedding or in hot water.

So having found a winning combination of packaging and television advertising, says Mr Bremer, Crookes Healthcare look set for healthy growth with Karvol again this Winter.



Opening up the airways

Lower respiratory tract. Part 2: Asthma

In the second of our series on the respiratory system clinical pharmacist Evelyn Cromarty looks at one of the most common chronic disorders, in which pharmacists have a major role to play

Asthma is the most prevalent chronic disease of adults and children in the developed world. There are estimated to be at least 2 million sufferers in the UK. Despite major advances in treatment asthma remains an important cause of morbidity, causing absence from school and work and in some cases prolonged disability. During 1987, 1,898 people died from asthma in England and Wales but up to 86 per cent of such deaths may be preventable. Poor understanding of the nature of the disease by most patients and many physicians has led to inadequate management. Effective patient counselling yields real results and pharmacists have a major role to play in reinforcing patients' understanding of their condition and the uses and limitations of their medication.

Aetiology and pathophysiology

Asthma involves more than a spasm of airway smooth muscle (figure 1). Studies of the lungs of asthmatics who have died during asthma attacks show that the airways are inflamed and oedematous, the lumen is filled with sticky mucus and the airway epithelium is damaged. Similar but less severe changes have been described in lung biopsies from even mild asthmatics.

Hyper-reactivity: asthmatics have an exaggerated response both to allergenic and to irritant stimuli by bronchoconstriction (figure 2). Such bronchial hyper-reactivity is a key feature of asthma, and relates closely to the severity of the asthma, the frequency of symptoms and the need for treatment. Corticosteroids over several days normally reverse this hyper-reactivity and prevent trigger factors inducing bronchospasm whereas beta-adrenoceptor agonists (B₂ agonists) have no effect on the underlying hyperreactivity, although they relieve the bronchoconstriction. During times of remission it takes a greater amount of stimuli to produce bronchospasm than during times of increased symptoms. The main factors producing airways obstruction are given in table 1.

Mucus plugging: there is widespread mucus plugging of the airways and such plugs, made up of yellow, viscid mucus and desquaminated epithelial cells, can be coughed up during acute attacks often producing marked relief of symptoms. The copious mucus in asthma is abnormally sticky and also has an inhibitory action on the cilia in the airways, both factors predisposing to mucus retention and plugging. Thickening of the bronchial wall: the mucosal oedema induced by the inflammatory changes

Figure 1 A working definition of asthma:

"Asthma is a disease characterised by wide variations over short periods of time in resistance to flow in the intrapulmonary vessels"

causes narrowing of the lumen, which is not reversed by bronchodilators. Between exacerbations these changes resolve but in the larger term bronchial mucus glands may enlarge and basement membrane and bronchial smooth muscles may become thickened leading to permanent airflow limitation.

Bronchoconstriction: there is also increased airway smooth muscle contraction in asthma which is normally rapidly reversible with bronchodilators. This effect is exaggerated by the airway "twitchiness" or hyper-reactivity to stimuli.

Natural history

A general practice of 2,000 patients includes an average of 140 with asthma. Most new cases of asthma present in childhood or middle age. Up to ten years of age new cases are frequent and remissions are also common, however, few new cases present in the late teens and twenties. Over 40 years of age the prevalence increases again, when the incidence of new cases is less than in childhood but the asthma is more persistent and remissions less frequent.

The outlook in childhood asthma is good, with many children with infrequent episodes

of wheezing and no persistent symptoms being free of problems by adulthood. However, those with frequent troublesome wheezing presenting at a young age are more likely to continue to have asthma in adult life. Remission is much less likely to occur in adult asthmatics than in children and many such patients will have persistent airflow obstruction between exacerbations. They are less likely to show the typical childhood pattern of acute attacks punctuating periods of normality.

Table 1 The main factors producing airflow obstruction in asthma

Retention of bronchial secretions Thickening of the bronchial wall Bronchoconstriction

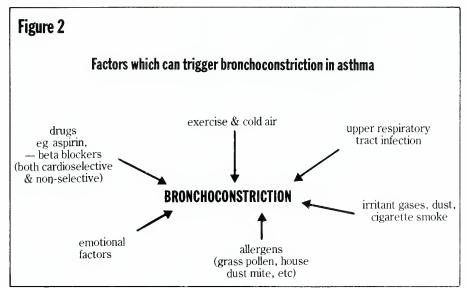
Table 2 Common symptoms of asthma

Dry nocturnal cough
Recurrent wheeze
Chest tightness
Dyspnoea (pain on breathing)
Diurnal variation in symptom severity
Allergy
Sputum production

Symptoms

The sequence of events which leads to asthmatic symptoms remains uncertain and is likely to differ from patient to patient. Common symptoms are given in table 2.

Continued on p936



Continued from p935

In children and young adults asthma is the common cause of recurrent breathlessness, cough or wheeze although it is still often labelled as wheezy bronchitis and treated inappropriately with antibiotics only. Increasing severity at night is common with nocturnal coughing and early morning wakening.

The diagnosis may be delayed when asthma presents as cough alone or as late onset asthma, as breathlessness is usually less variable and asthma is only one of several possible causes of dyspnoea. Poor disease control is shown by the presence of nocturnal asthma, early morning wakening and PEFR variability.

Diagnosis

The diagnosis of asthma is easily confirmed in most patients by the demonstration of airways obstruction which fluctuates markedly with time and with bronchodilators.

Airways obstruction is assessed by measuring the PEFR or FEV₁, and regular measurements will usually show characteristic diurnal changes with the lowest values in the early morning. Between attacks the lung function can be completely normal.

Effects of bronchodilators: patients with acute asthma show a greater response to a B, agonist than other patients with airways obstruction, and an increase in PEFR or FEV of 15 per cent or more after two inhalations from an inhaler is very suggestive of asthma. Skin testing for allergies may be useful to identify triggering allergens but is of no value in the diagnosis of asthma.

General management

The management goals common to all age groups are to prevent symptoms and optimise lifestyle with few limitations on activity at home, work, or leisure utilising treatments with a low incidence of side effects.

Identification and avoidance of trigger factors such as pets, cigarette smoke and allergens is essential initially. Symptom severity should be continually reassessed during treatment and regular interference with sleep, sport or other activities recorded. Progress can be recorded by diary card record of symptoms (figure 3). Measurement of peak flow rate should be implemented regularly and the frequency of use of rescue treatments such as B₂ agonists should be assessed.

Patients should be able to cope effectively with most symptoms and attacks themselves, yet have clear guidelines on when it is necessary to seek medical help. Specific instructions should be given by the prescriber regarding regular drugs, prophylactics before sport, symptomatic relief for troublesome symptoms and an action plan for emergency treatment at home.

Most asthmatics will be aware of a decline in control either from increasing symptoms or increasing use of and decreasing effect of their

Table 3 Administration of inhaled therapy

Pressurised, metered dose aerosol inhaler

Suitable for most patients if shown how to use correctly

Technique must be checked regularly

Dry powder inhaler

Useful for those unable to synchronise actuating the device with inspiration, eg the elderly Spacer device (eg Nebuhaler, Volumatic, Medic Aid Spacer)

Decrease drug deposition at the back of the pharynx, so useful for steroid-induced candidiasis Less need for co-ordination of inspiration with actuation

Can be used by those with a lower inspiratory flow rate, eg in acute exacerbation

Allow a larger proportion of the dose to be deposited in the lungs

Nebuliser

Delivers much larger doses of drugs easily

Effective in the presence of very low inspiratory flow rates

Particularly useful in acute asthma

inhaled bronchodilator. Regular home monitoring with a peak flow meter and appropriate instructions for action are essential.

Drug treatment

Asthma is defined in terms of reversible airflow obstruction, but muscle contraction is the result, not the cause, of the underlying inflammation. Control of airway inflammation prevents bronchospasm. Inhaled topical corticosteroids and, less potently, sodium cromoglycate suppress the inflammation whereas B₂ agonists do not. Used regularly and in adequate doses, inhaled prophylactic agents, particularly topical corticosteroids,

Figure 3

A detailed diary card provides a useful record to help monitor the severity of a child's asthma.

1	WHEEZE	Good night	(
	NIGHT	Slept well but slightly wheezy Woke x 2-3 because of wheeze	- 1
	MIGHT	Bad night, awake most of time	- 4
2	COUGH	None	
-	LAST	Little	1
	NIGHT	Moderately bad	- 2
		Severe .	3
		None	C
3	WHEEZE	Little	1
	TO-DAY	Moderately bad	2
		Severe	3
		Quite normal	0
4	ACTIVITY	Can only run short distance	1
	TODAY	Limited to walking because of chest	2
		Too breathless to walk	3
5	SPUTUM VOLUME	(Add Y if Yellow, G if Green)	
6	METER	Before breakfast Medicines .	
	Best of 3		
	blows	Before bedtime Medicines	
7	DRUGS	Name of Drug Dose Oro	ered
	Number of do	ses	
	actually taken		
	during the pas	<u> </u>	
	24 hours		
			-
- 8	COMMENTS	Note if you see a Doctor (D) or stay a	way

safely and effectively reduce or abolish symptoms and decrease bronchodilator use in most patients. Modern management thus aims to promote regular inhaled prophylaxis, in place of bronchodilators, as the first-line treatment for patients with recurrent symptoms. Topical corticosteroids are the drugs of choice for adults, and for those children who do not respond to cromoglycate. Drug therapy for asthma should follow a rational sequence depending on the severity of the asthma and the response to therapy.

Route of administration In general inhaled treatment at all stages is preferred because it provides relief more rapidly and causes fewer side effects than oral therapy since the drug is delivered directly to the bronchi and is therefore effective in smaller doses. Systemic steroid effects are further minimised by the use of steroids which are poorly absorbed or rapidly metabolised after absorption. Higher inhaled steroid doses have the potential for detectable adrenal suppression but they have less effect than even small doses of oral steroid.

With careful instruction most patients can be taught to administer their inhaled drugs effectively

Practice point

• Each patient's inhaler technique should be checked regularly. In particular it should be emphasised that patients must inhale slowly and hold their breath for 10 seconds after inhalation.

Drug management strategies

1. **Children** Treatment progresses through a number of therapeutic regimes depending on the asthma severity. Mild asthma may be classified as discrete attacks occurring less than once a month or as more frequent minor wheezes. These are responsive to bronchodilators taken no more frequently than two or three times a week. Moderate asthma can be recognised as discrete attacks occurring no more frequently than once a week and in which no more than two or three doses (per week) of bronchodilators are Continued on p938

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U P D A T E #1

On Schedule

UniChem is on target to convert into a public limited company through our Members meetings in May and June 1990 and to obtain a Stock Exchange listing in the following Autumn, subject to Shareholders approval.



Membership Closing Soon

In order to protect the interests of existing shareholders as we get closer to the planned flotation date, new members will not be permitted under normal circumstances to join the Society from a date to be set in January 1990.

Another Record Year

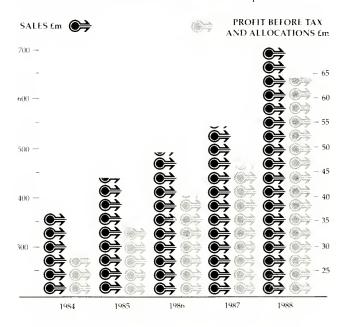
The board of UniChem is confident that 1989 will prove to be another highly successful year for the group and predict that profits will exceed all previous records. Our organic sales growth has out-performed that of our major competitors over the last five, ten, and fifteen years!

It's Up To You

UniChem's share price on flotation will be determined by our financial performance and prospects, in addition to general Stock Market conditions at that time. Our financial record is exceptionally good. Our future is up to you.

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1989 should show new records in both sales and profits.



It couldn't be easier to join UniChem now, but time is running out. Simply telephone 01-391-2323 or your local UniChem branch for full details of our excellent terms and range of services.

UniChem - Proud to Be In Such Good Health

This advertisement has been issued by UniChem Limited, having been approved by UBS Phillips & Drew Securities Limited, which provides corporate finance services to the Society. If your are in any doubt about the implications of this advertisement you are recommended to obtain the advice of your investment advisers. Whilst UniChem remains registered under the Industrial and Provident Societies Act 1965, its shares may only be transferred in limited circumstances as set out in the UniChem Rules and under the provision of the Act. The shares will only become freely transferable if the Society is converted into a Public Limited Company following an appropriate resolution of the Members in General Meeting, although a liquid market will not exist until the shares are listed. This advertisement does not constitute a prospectus and any shares in UniChem offered for subscription after conversion will only be offered after a prospectus or listing particulars have been lodged with the Registrar of Companies.

CLINICAL PHARMACY

Continued from p936

required. In such circumstances sodium cromoglycate prophylaxis would be indicated given four times daily initially then reduced to two or three times daily if control is achieved. More severe attacks occurring more than once a week are less likely to respond to sodium cromoglycate and response to bronchodilators may be poor. High doses of inhaled B, agonist may be needed — 2mg of salbutamol or 2.5mg of terbutaline even for children as young as two years of age. In these circumstances inhaled corticosteroids are likely to be required to treat the underlying inflammation using the minimal dose which adequately controls the disease. Lack of an adequate therapeutic response, defined as a requirement for B, agonists more than two or three times per week, indicates a need to increase the inhaled steroid dose.

The addition of slow-release Bagonist and/or theophylline, particularly for nocturnal episodes, may give added benefit at this stage. However, attitudes to the value of theophylline in the management of childhood asthma have changed considerably in recent years. There is increasing concern about the drug's side effects (table 4) which can occur even when using doses in the acceptable therapeutic range. Concurrent viral infections, antibiotics and many other drugs can push conventional doses into the toxic range.

For these reasons theophylline is tending to be relegated to very much a second line treatment in many centres and then only in slow release formulations.

If required in very severe disease, oral steroids are given, in alternate morning treatment wherever possible to minimise adrenal suppression.

Practice point

 Although still frequently used, there is no benefit in using mucolytics or antibiotics in the chronic management of childhood asthma.

Table 4 Side effects of theophylline and its derivatives

Irritability Insomnia

Lack of concentration and poor school/work performance

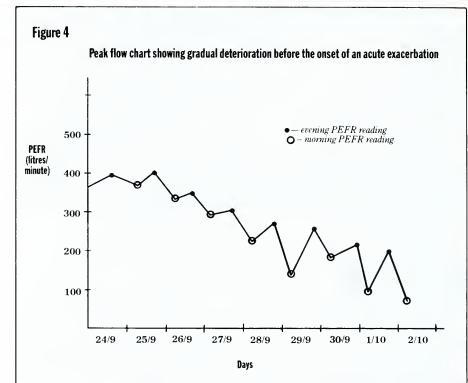
Headaches

Nausea and vomiting

Abdominal pain

• To use the dry powder inhalers an inspiratory flow rate of at least 40 litres/min is required. Older, wheeze-free, pre-school children can generate this, but once their condition deteriorates inspiratory flow rate is reduced and in such cases a metered dose inhaler with a spacer or a nebuliser is required.

A schedule of treatment to handle severe attacks at home may be given. Nebuliser and air compressor units can be provided for inhaled B₂ agonists given up to once every four hours with the addition of a short course of oral steroids (prednisolone 1-1.5mg/kg daily) until the attack has subsided. Failure to respond requires urgent medical attention. The need for emergency treatment of acute asthma attacks generally reflects under or delayed treatment which may arise from a failure by all concerned to recognise a deterioration in condition. Acute attacks should be prevented by adequate prophylaxis and anticipation of problems during stress periods such as acute infection or seasonal high allergen exposure. At such times an increase in prophylaxis may prevent acute attacks.



2. Adolescents & adults As in children, episodic and mild asthma can be treated by an inhaled B₂agonist. However, if symptoms persist or worsen a prophylactic agent should be introduced as early as possible. Sodium cromoglycate would seem to be less effective in these age groups and a response is likely only in younger adults with known allergic problems in whom a four to six week trial is justified. Nedocromil, a newer compound, may have more effect in adults in improving asthma control but it appears to have little advantage over inhaled steroids which remain the preferred prophylactic treatment in most patients.

Early use of regular inhaled corticosteroid is now encouraged. If asthmatic symptoms persist then higher doses are used.

Practice point

 Impaction of inhaled steroid at the back of the pharynx can cause hoarseness or oral candida infection. Twice daily dosing, use of a spacer device and a drink of water after each use can alleviate such problems.

Inhaler technique must be regularly checked and the importance of regular therapy reinforced

Practice point

• The pharmacist should emphasise the importance of regular use of the "brown' inhaler for prevention of asthma. The "blue" inhaler should be kept for acute relief of

symptoms.

To educate and to permit both patient and doctor to assess disease activity accurately and to titrate treatment accordingly, objective measurement is essential. Use of a peak flow meter at home provides a useful way of monitoring treatment. In general, if peak flow variation is 20 per cent or more, regular inhaled topical steroids should be started or the dose increased. If the variation is greater than 50 per cent, a severe attack is imminent and oral corticosteroids are required. Use of inhaled B, agonist is another useful marker of control. Frequent inhaled Bagonist use indicates loss of control and the need for improved prophylaxis. When inhaled steroid therapy is insufficient oral steroid therapy is required. This can involve high dose oral therapy (eg prednisolone 30mg daily, in the morning,) for approximately ten days to three weeks, with dosage reduction as asthmatic control is achieved. Very few patients should require chronic oral steroid therapy for long term asthma control.

Practice point

• Exercise-induced asthma is more common when asthma control is poor anyway. It often responds to two inhalations of a B₂ agonist or sodium cromoglycate 10-15 minutes before exercise.

Nocturnal asthma and early morning wakening can be a particular problem. These symptoms are due to morning "dips" in PEFR and indicate poor disease control. Adequate doses of inhaled steroid are needed. If symptoms persist increasing the evening dose of inhaled steroid and B, agonist may be tried. An evening oral slow-release theophylline or oral B, agonist may be

required.

A tachycardia above 110 beats per minute, wheezing, difficulty in completing a sentence and PEFR below 120 litres/minute are evidence of severe acute asthma. Most young adults with acute episodes of asthma do not require hospital admission. A high dose of inhaled B, agonist through a spacing device or nebuliser if available may be sufficient although severe attacks need a course of steroids. Follow up to prevent relapse is usually needed. Patients known to deteriorate rapidly must be encouraged to go to hospital immediately.

Practice point

• An asthmatic patient presenting in the pharmacy with such signs is potentially a medical emergency and should be dealt with immediately. Prompt inhaled B2agonist therapy, preferably through a spacer device, may be required and medical advice may have to be sought.

Part 1 of the Clinical Pharmacy series on the lower respiratory tract appeared in C&D October 28.

BUSINESSNEWS

Medirace pay £87m for Evans

Evans Healthcare are to be bought by Medirace for £87m, subject to shareholders approval, three years after a £27m management buyout from Glaxo.

Medirace, about one third of the size of Evans, and currently listed on the Third Market, was set up just over two years ago to research and develop treatments for AIDS and cancer. The company says that if the bid for Evans is successful it will seek a full market listing with an anticipated capitalisation of £130m.

Evans Healthcare, with profits of £5.2m on a turnover of £43.7m in the year to June 1989, had signalled their intention not to go for flotation in September (Business News September 23) following sharpened interest from potential purchasers.

The combination of Evans and Medirace brings together Evans' work on AIDS virus antigens in the USA, with Medirace's Contracan, undergoing trials for AIDS and cancer treatment.

Medirace plc was founded in 1987 with £10m capital to develop Contracan, and sales of clinical diagnostic products by Cambridge Life Science and Walker Laboratories. Chairman William Gerard says: "The acquisition of Evans Healthcare enables Medirace to broaden its product base and move into a new medical arena. Evans has an excellent track record. We look forward to our official listing and to developing the combined business into one of the major players in worldwide pharmaceutical markets.'' Evan's

Evan's finance and commercial director Bruce Tomason told *C&D*: "We are looking forward to working with Medirace and to a very interesting future". A Press release issued by Medirace said the directors of Evans would be joining the board of Medirace. Mr Tomason does not anticipate any changes at Evans Healthcare.

Boots lean on chemist side for good interims

A strong contribution from the retail chemists business helped push Boots' profits up 20.8 per cent in interim results for the six months to September 30. The figures — profits at £159.9m on turnover 12.8 per cent higher at £1.4bn — were at the upper end of expectations.

Within that Boots the Chemists saw profits up 29.2 per cent at £62.9m on sales up 11.4 per cent at £1.04bn. Of the 11.4 per cent sales increase three points came from the recently acquired Underwoods chain, three from price inflation leaving underlying growth of 5 per cent.

However, chairman Robert Gunn warned: "We cannot be totally immune in the long term to the downturn in consumer spending. But we do have merchandise that sells well in difficult economic conditions." The current trading period will be critical since Boots the Chemists makes 50 per cent of its profit in the 50 trading days before Christmas. NHS business still accounts for around 12 per cent of turnover.

The introduction of EPoS has had considerable benefits. The capital investment of nearly £30m has already been recovered. EPoS has been installed in over 370 stores and will monitor 70 per cent of Christmas sales. All stores will be fitted by March 1992.

The shop refitting programme is well under way with 92 stores refurbished in the past six months, and the whole chain to be completed by March 1991. After a couple of years in the doldrums Boots the Chemists appears to be making headway in the competitive toiletries market.

The company claims to have increased market share to 25 per cent and gross margins by 3 per cent with help from EPos. Own brand developments have also contributed. Touch of Silk is now a £3m brand and the recently launched professional haircare range is expected to see sales of

£3m in its first year.

On the photographic side 300 D&P minilabs have been installed, leading the company to claim it is now the largest single operator in the world, claiming a 29 per cent share of the D&P market.

Boots the Chemists, now operates as a separate division under md Gordon Hourston. The retail division, headed by Keith Ackroyd, consists of the newly acquired Ward White businesses, Boots Opticians and Children's World.

Boots Opticians saw sales fall from £1.7m to £1m, attributed to the ending of free sight tests. Boots chief executive Sir James Blyth claimed they were one of the few optical chains to be making a profit. Losses from the 18 Children's World stores rose from £2.8m to £4.1m, although turnover was up from £10.1m to £16.7m. Sir James re-affirmed Boots' commitment to the concept.

Analysts appear disgruntled over Boots' reticence on the plans for the Halfords, Payless, Fads and A.G. Stanley, acquired for \$900m in August. Sir James confirmed the takeover would dilute group earning in the current year. A new finance package will be announced soon. The US business will be sold next year.

The fate of Manoplax still hangs over the pharmaceutical division. Sir James would say no more than that the results to date are sufficiently encouraging to justify continued clinical trials. Over \$50m has been invested in developing the drug so far.

On the home front the division is under pressure from increased use of generics. UK profits saw a downturn from £20.9m to £18.7m on turnover up from £154.5m to £164.2m. However, the North American business increased sales by 23 per cent to push overall sales to £285.2m and profits up by 6.1 per cent.

Crookes Healthcare saw sales increase by 8.8 per cent.

Sanofi spend \$210m to buy Stern perfumes

Sanofi plan to buy the US perfumes group Stern from Avon for \$210m to bring their potential perfumery sales to some \$484m and claim this will make them number five in the world of luxury perfumes.

The Stern range in the USA includes the Oscar de la Renta brand, with sales expected to exceed \$125m this year, and the newly launched Unihibited.

Sanofi expect to move their perfumery up-market with the help of the Oscar de la Renta range and improve US investment made over the last two years.

The Financial Times says the sale comes at a time when Avon have been fending off takeover moves and Robert Bass, a Texas financier, declares he has a 5.9 per cent share in the company.

Rhône-Poulenc to raise \$260.4m

Rhône-Poulenc have announced an international share issue to raise \$260.4m (some £157.8m).

This consists of a public offer of seven million US units at US\$18.60 per unit, and 1.75 million international units, in French francs, at FFr465 per unit.

The company says the proceeds will be used "for general corporate purposes", including their on-going acquisition activities. They will be repaying short-term debt incurred principally in the acquisition of RTZ Chemicals, and Marschall Dairy Products, due to be finalised by the year end.

Eurochem bid for generics

Eurochem have launched a new company, Script Generics Ltd, to market a 250 strong range of generic drugs.

The range, to be handled by Eurochem's existing national sales force, will emphasise continuity of supply at "extremely competitive prices".

Eurochem believe the generics market is set for further rapid expansion as more patents expire on branded drugs and the Government applies downward pressure on the drugs bill.

Generic scripts comprised 23 per cent of the total in 1984, rising to 39 per cent in 1987, although pharmacists only filled 29 per cent with generic product.

In the 12 months immediately before the introduction of the limited list, generics accounted for 4.1 per cent of the total prescription market by value. By 1986 this share had grown to 8.3 per cent and in 1989 is estimated at 10.5 per cent.

The current generic market is estimated at £180m. By 1990, this is expected to rise to £221.2m and expand to £256m by 1992, when it will be running at 12 per cent of the total prescription market.

In this market, Script Generics is set to stake a major claim, say Eurochem.

SB sign up new heart attack drug

Smithkline Beecham have signed a development and worldwide marketing agreement with US-firm T Cell Sciences Inc for that company's complement inhibitor protein, a new drug entity for limiting heart tissue death resulting from a heart attack.

SB are to provide \$10m-12m to complete preclinical studies and will assume full responsibility for clinical trials and registration. In return, the company will receive exclusive world marketing rights with the exception of the US, Canada and Japan.

The drug is a modified protein which deactivates the complement system, a group of immunoactive proteins that play a critical role in the body's response to damaged tissue.

to damaged tissue.

Smithkline Beecham have been granted a licence by the US Food and Drug Administration to market Eminase, their clotbusting drug for treating heart attacks.



Cupal's joint managing director Ian Woolley (left) signs the licensing agreement with J.L. Morison (India) Ltd for the rights of Cupal's range of OTCs for India with Mr P.N. Kapoor (centre), president with special duties and chairman Raghu Mody, (right) of J.L. Morison India

Sunday trading thrown back to UK courts by EC

The B&Q Sunday trading case referred to the European Court of Justice by Cwmbran Magistrates Court must be decided in the UK it has been ruled.

B&Q maintained that sections of the 1950 Shops Act are contrary to Article 30 of the Treaty of Rome, which prohibits laws that constitute a restraint on European Community trade.

The European Court's ruling was that Article 30 did not apply to national rules prohibiting Sunday trading unless the restrictive effects on EC trade exceeded the effects intrinsic to national trade rules. It is this question which must be determined by the national court.

Initially both protagonists and opponents of Sunday trading were claiming the ruling as a victory, and it was feared that the confusion surrounding the issue would intensify.

B&Q called the ruling a victory for consumers, two-thirds of whom are said to support liberalising Sunday shopping laws. And many of the 60,000 shops in Britain trading on Sunday are expected to continue until the legal position is made clear.

The Union of Shop, Distributive and Allied Workers welcomed the "clear" decision as a "green light for law enforcement" which, they say, is the only way to stop shop workers being forced to work on Sunday.

This week, the campaigners against Sunday trading received a boost when Leeds High Court granted an injunction to Rochdale Borough Council against Texas Homecare — the first since the European Court's ruling.

Now the Keep Sunday Special Campaign have said the so called "confusion" presented by the judgment has been shown to be a smoke screen put up by the DIY shops to mask the "crystal clarity" of the EC ruling. They report that B&Q, WH Smith Do-It-All, Comet and Texas Homecare are now all shut in Rochdale on Sundays.

USDAW deputy general

USDAW deputy general secretary, Bill Connor, said: "We have always encouraged courts and councils to take a robust line." The union is now calling for local authorities to crack down on traders with new prosecutions, and apply for injunctions against "flagrant" law-breakers without fear of the risk of compensation, costs or failure.

Following the EC ruling, the Consumers' Association said Parliament must "grit its teeth" and take action on the "apalling muddle". And the Shopping Hours Reform Council said: "The judgment contains a clear message for the UK Government. It is simply to sort out the mess of your own making."

Amersham International have announced a fall of £4.7m in profits to £6.1m for the first half of the year. The turnover was reported to be 13 per cent up at £97.1m but rising inflation, increased investment in resources, high interest rates and a squeeze on margins were offered as reasons for the fall in profits.

Merrell Dow Pharmaceuticals Ltd, are to move during November to Lakeside House, Stockley Park, Uxbridge, Middlesex, UB11 1BE. Tel: 01-848 3456.

Vantage go to Rome

Rome will provide the backdrop for the 1990 Vantage Convention from April 26-29 at the Sheraton Roma Hotel.

The Italian capital will provide the forum for presentations and discussions involving senior AAH executives, suppliers, Vantage members and speakers from other key areas of the pharmaceutical industry. For information contact Erica Mace. Tel: 0928 717070.

Monday, December 4

Barnet branch, RPSGB. Postgraduate centre, Barnet General Hospital, at 8pm. Video on skills training package for community pharmacists providing services to residential homes.

Blackburn branch, NPA.
Postgraduate centre, Blackburn
Infirmary at 8pm. Joint meeting with
North East Lancashire branch,
RPSGB. "Product liability", Mr Glyn
Walduck, NPA legal executive.

East Metropolitan Branch, RPSGB. Churchill Room, Wanstead Library, Spratt Hall Road, Wanstead, at 7.30pm. Discussion of motions for Branch Representative Meeting followed by wine and mince pies.

Tuesday, December 5

Fife branch, RPSGB. Anthony's Hotel, West Albert Road, Kirkcaldy at 7.45pm. "ACE inhibitors in the treatment of hypertension and heart failure", Dr D.M. Lawrie, consultant physician, Victoria Hospital. Buffet.

Wednesday, December 6

Hull Pharmacists' Association. Darley's Hotel, Boothferry Road, Hessle at 7.30pm. Christmas evening. Stirling branch, RPSGB. Terraces Hotel, Stirling, at 8pm. "Anger — a misunderstood emotion". Ms Laura Black, clinical psychologist.

Thursday, December 7

Weald of Kent branch, RPSGB. Postgraduate centre, Kent and Sussex Hospital, Tunbridge Wells at 7.45pm. Christmas social.

Bristol branch, RPSGB. Postgraduate centre, Frenchay Hospital at 7.30pm. "The role of a community drug team". Dr Martin Mitcheson, consultant psychiatrist, Avon drug problem team. Buffet.

Lancaster branch, RPSGB. Elms Hotel, Bare, Morecambe at 6.30pm. "Communication and the pharmacist", speakers from the regional health authority. Buffet.

Saturday, December 9

Lancaster branch, RPSGB. Roger's Restaurant, Windermere, at 8pm. Chairman's dinner.

Advance information

National Association of Health Authorities. "New role of health authorities". a conference at the Royal Institute of British Architects. 66 Portland Place, London, on January 16. Fee \$102.35 (NAHA members), \$132.25 (non-members). Booking forms available on 021-414 1536.

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1546 MIDLAND T/O £500,000 with NHS items over 5,000 per month. Extensive premises with living accommodation. Freehold £120,000. Total price asked around £260,000, plus stock at valuation and property. Clients instructions taken re supply of details

CONTACT — WALSALL **OFFICE**

1551 SWANSEA

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1552 LINCS

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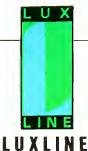
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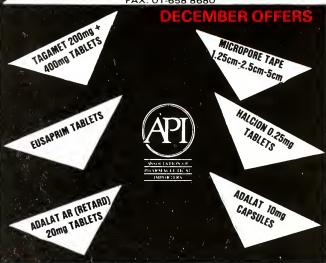
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Professions under test

Pharmacy graduates were warned that their right to remain on a professional register depended on their ability to practise to current standards, by Professor P.F.D'Arcy, former head of the pharmacy department, Queen's University of Belfast

Speaking at the annual prize giving ceremony at the Pharmaceutical Society of Northern Ireland's headquarters recently, he explained? "The public have already questioned the right of some professions to practise in a closed cartel. Opticians no longer have the sole right to supply spectacles; barristers and solicitors are debating the merger of their roles.

"Pharmacists will only remain in their privileged position... if they demonstrate that they are uniquely qualified to do so, and perform this function more effectively than others.



Mrs Helen Samways, pharmacist at Charlton Pharmacy, Cheltenham, won first prize in a competition run by Janssen Pharmaceutical Ltd — a luxury weekend for two in Rome, with £200 to spend. Pharmacies were invited to get spotted displaying an Acnidazil unit by a mystery shopper. Mrs Samways is seen here receiving her tickets from Janssen representative, Deborah Stringer (right), with product manager Derek Bryan (left), and regional manager Andrew Beadnall

Golden Bull for Zantac

Glaxo, recipients of a Plain English Campaign Golden Bull award for official gobbledygook, are to take up the challenge to make reading material more "user-friendly".

The company's medical director Dr David Jackson was recently presented with the award, for an information card for Zantac intended for doctors. "It was not meant to be read as a Shakespearean play,'' Dr Jackson told C&D, pointing out that legal requirements meant that six pages of a Data Sheet had to be condensed into a small space.

"Next year we will be going for a crystal award," said Dr Jackson referring to the Crystal Mark scheme launched by the Campaign, a symbol of clarity for forms, leaflets and agreements

Family Planning The Information Service won a award for their booklet: "Your guide to family planning'

Queen's prize winners 1989

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Distinction place 3 ctudies Distinction in level 2 studies

Distinction in dispensing (level 2)
Distinction in pharmaceutical
legislation (level 2)
Distinction in pharmacology (level

Distinction in pharmaceutics (level

Distinction in pharmaceutical chemistry (level 2) Distinction in level 1 studies Distinction in pharmaceutics

Distinction in pharmacy practice (level 2 and level 3)

APPOINTMENTS

Duracell UK have appointed Gary Ferguson as marketing director.

Unichem have appointed Janice Pitman as marketing manager own brand.

R.P. Scherer Ltd have appointed Steve King, MRPharmS as export sales and marketing executive. Previously with Janssen Pharmaceuticals, where he specialised in sales of hospital supplies, he now has specific responsibility for Scherer sales of soft gels to Denmark and Finland.

The Proprietary Articles Trade Association has announced that the following have been re-elected unopposed to its council. Manufacturers section: Nicholas Laboratories Ltd and Reckitt & Colman Products Ltd. Wholesale section: E.H. Butler & Son Ltd and F Maltby & Sons Ltd. Retail section: E.J. Brown and E.M. Thornton.

Cow & Gate have announced a reorganisation of their sales operation into two separate

divisions to provide an improved service to retail customers, the company claims. Ian Thomas will head the retail team as general sales manager-retail with Derek Wood (house accounts), Peter Starkie (independent accounts), Mal Williams (multiple retail) and Colin Bateman, field sales manager, reporting to him.

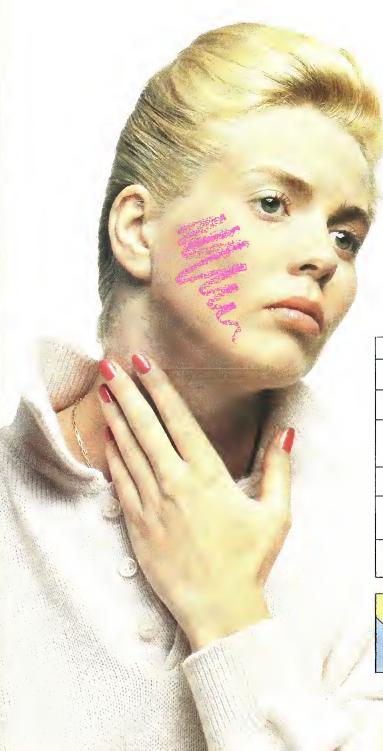
Postscript

Booby prize of the week goes to the PR company who sent out a Press release extolling the virtues of a new suntan cream containing 'titsorium dioxide''.

C&D was a little puzzled, to say the least. A new chemical entity especially developed for topless sunbathers perhaps? Alas no. A few hours later we received a fax apologising for the spelling mistake in the release. The ingredient was of course titanium dioxide

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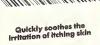
Skin ailments	Dermidex	Topical Steroids
Facial rash	Soothes and protects	Should not be used on the face
General skin irritation	Soothes itching	Not recommended for large areas of the body
Cuts and grazes	Fights infection, promotes healing	Open cuts should be avoided with this treatment
Open sores	Soothes the pain, fights infection	Inappropriate
Feminine itch (personal irritation)	Cooling action relieves irritation while reducing infection risk	Not recommended
Anal irritation	Gentle treatment to soothe irritation	Notrecommended









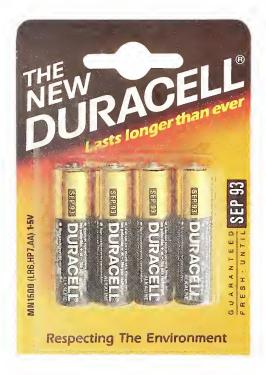


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